

Public Trustee for the Northern Territory

APPLICATION TO REGISTER AN ADVANCE PERSONAL PLAN (APP)

Registration Type: New APP: Subsequent APP:

Personal Details of Person Who Made the APP (Applicant):

Name: _____

Postal Address: _____

Residential Address: _____

E-mail Address: _____

Date of Birth: _____ Place of Birth: _____

Gender (Male/Female): _____ Aboriginal or Torres Strait Islander: Yes / No

Home Telephone: _____ Business Telephone: _____

APP Identification Details:

Execution date: _____

APP Prepared by: Self Legal Firm Other

Preparers name: _____

Original is kept at: _____ (see Note 1)

APP Components (please tick those applicable):

- Advance Consent Decisions are included in my APP
- Advance Care Statement are included in my APP
- I have appointed a Substitute Decision Maker in my APP

My Substitute Decision Maker/s Are:

Name: _____

Address: _____

Contact number: _____

Email Address: _____

I have given authority (to make decisions for):

- My care/welfare/health matters
- My Property matters (see note 2)
- My Financial Matters

My Substitute Decision Maker/s Are:

Name: _____

Address: _____

Contact number: _____

Email Address: _____

I have given authority (to make decisions for):

- My care/welfare/health matters
- My Property matters (see note 2)
- My Financial Matters

My Substitute Decision Maker/s Are:

Name: _____

Address: _____

Contact number: _____

Email Address: _____

I have given authority (to make decisions for):

- My care/welfare/health matters
- My Property matters (see note 2)
- My Financial Matters

Signature of Applicant: _____ Dated: _____

Note 1: The Office of the Public Trustee will keep an electronically scanned copy of your APP. The original APP lodged with this application will be marked with a registration stamp and given back to you. It is recommended that you keep this document in a safe place with other important documents and where it can be found. It is recommended that you provide a copy of your APP to either or all of: your GP (doctor), next of kin and or the person/s named as your Decision Makers. You may also be able to arrange for details of your APP to be included on the national E Health register through your local Medicare office or through your GP (doctor).

Note 2: If you have authorised your Decision Maker/s to make decisions relating to land and execute legal documents about land matters you will also need to register the original APP form at the Land Titles Office for any dealings to occur. You must pay the lodgment fee (for details of fees please contact the Land Titles Office on 8999 6520) and the original form must be lodged by mail at the following address: Land Titles Office, GPO Box 3021, Darwin NT 0801, in person to Nichols Place, Corner Cavenagh and Bennett Streets or by email at: AGD.RegistrarGeneral@nt.gov.au.

IMPORTANT PRIVACY STATEMENT

The Public Trustee's Office keeps the register of Advance Personal Plans on behalf of the Chief Executive Officer of the Department of the Attorney-General and Justice. Section 87(1)(b) of the *Advance Personal Planning Act* provides that Advance Personal Plans may be made available to persons who have a **proper interest** in knowing whether an adult has an advance personal plan, and if so, the terms of the plan. The spouse (including defacto partner) and children of a person who has made an Advance Personal Plan, as well as a medical practitioner or person representing a medical practitioner who is treating the relevant person, may be provided with information concerning registered advance personal plans. Any other person will be required to provide reasons for accessing the information and will be determined by the Public Trustee at his discretion on the basis of whether the applicant has a proper interest. Authorised persons can access personal information provided on the form upon request. Please contact the Office of the Public Trustee on 08 89997271 or write to GPO Box 470 Darwin NT 0801.