

Please use a pen and print all entries in CAPITALS. Please tick all boxes this way

**Complete Sections One, Two & Three if you are providing details on behalf of the Registrant.**

**Complete Sections One & Three if you are the Registrant**

### Section One

I  being the registrant/on behalf of the registrant  
(Print full name of Self or Representative) (strike out one)

("the Registrant"), hereby authorise

Applied Aged Care Solutions Pty Ltd to collect, and store, in a database the Registrant's personal and health information as entered on the 'MEDI·Assist' registration form for the purposes of the *Safe Return Home* 'MEDI·Assist' service.

### Section Two

I warrant that I am the Registrant's representative for the purposes of providing this consent, being the:

(please tick one of the following):

- (a) **Parent** of the Registrant, if the Registrant is a child;
- (b) **Next of kin** or other family member acting on behalf of the Registrant;
- (c) **Person** who generally makes decisions on behalf of the Registrant;
- (d) **Person otherwise empowered in accordance with the law** to perform any functions or duties or exercise powers as an agent of or in the best interests of the Registrant.

**proceed to Section Three**

**If you ticked (d) above, please tick one of the following that describes your situation and then proceed to Section Three:**

#### New South Wales

- Guardian** appointed in accordance with the Guardianship Act 1987 (NSW);
- Alternative guardian** appointed in accordance with the Guardianship Act 1987 (NSW);
- Enduring guardian** appointed in accordance with the Guardianship Act 1987 (NSW); or
- Person named as a guardian in a guardianship order.**

#### Victoria

- Attorney appointed under an **enduring power of attorney (medical treatment)** in accordance with the Medical Treatment Act 1988 (Vic); or
- Guardian** appointed in accordance with the Guardianship and Administration Act 1986 (Vic).

#### Queensland

- Attorney for personal matters** appointed by the adult under an enduring power of attorney in accordance with the Powers of Attorney Act 1998 (Qld);
- Guardian** appointed in accordance with the Guardianship and Administration Act 2000 (Qld);
- The **guardianship and administration tribunal**; or
- The **court**.

#### Tasmania

- Guardian** or **Person responsible** appointed in accordance with the Guardianship and Administration Act 1995 (TAS).

**Section Two** (continued)

**Australian Capital Territory**

**Guardian** appointed in accordance with the Guardianship and Management of Property Act 1991 (ACT).

**South Australia**

**Enduring Guardian** appointed in accordance with the Guardianship and Administration Act 1993 (SA); or

**Guardian** appointed in accordance with the Guardianship and Administration Act 1993 (SA).

**Western Australia**

Attorney appointed under an **enduring power of attorney (medical treatment)** in accordance with the Guardianship and Administration Act 1990 (WA); or

**Guardian or Person responsible** appointed in accordance with the Guardianship and Administration Act 1990 (WA).

**Northern Territory**

Attorney appointed under an **enduring power of attorney** in accordance with the Powers of Attorney Act (NT); or

**Guardian** appointed in accordance with the Adult Guardianship Act (NT).

**Section Three**

Please select:

I am the Registrant (please complete the details below)

I am registering for the Registrant (please read below before proceeding)

I also warrant that my consent to the registration of the Registrant in AACS's *Safe Return Home* program:

(a) accords with any expressed wishes of the Registrant prior to their loss of capacity to consent on their own behalf, or

(b) would accord with the wishes of the Registrant and is in the best interests of the Registrant.

(please print clearly)

Name:

Signature:

Date:   /   /

**Address**

No. and Street:

Suburb:

State:

Postcode: