

I, \_\_\_\_\_ residing at \_\_\_\_\_ hereby appoint \_\_\_\_\_ residing at \_\_\_\_\_ as my Welfare Attorney (hereinafter referred to as “Welfare Attorney”) in terms of Section 16 of the Adults with Incapacity (Scotland) Act 2000 (hereinafter referred to as “the Act”) with the powers (hereinafter referred to as “the powers”) set out in the Schedule annexed and subscribed as relative hereto and on the following terms and conditions *videlicet*:-

FIRST Any decision or act by my Welfare Attorney will be recognised and implemented as if it had been made by me;

SECOND The powers are intended by me to confer welfare powers on my Welfare Attorney in terms of the Act;

THIRD The powers are revocable by me in whole or in part prior to my incapacity;

FOURTH The terms of the Certificate dated \_\_\_\_\_ and signed by \_\_\_\_\_ under Section 16(3)(c) of the Act are hereby incorporated within this Power of Attorney: IN WITNESS WHEREOF

## SCHEDULE OF POWERS

1. To consent to any medical, nursing or dental treatment;
2. To consult with local authorities regarding home care, community care, and residential/nursing home care and to authorise my placement in any establishment or dwelling;
3. To concur in the prescription of any drug treatment;
4. To consult with any medical practitioner;
5. To access all my medical records and any other confidential information and make this available to third parties as appropriate;
6. To authorise any operation or invasive medical treatment;
7. To advise [*insert name of relative*] of the nature and extent of any medical condition;
8. To monitor all actions in respect of my care in whatever location by any third party;
9. To institute court proceedings or any complaints procedure in respect of a failure by any medical or nursing staff or other care provider;
10. To maintain a proper record of all decisions taken in respect of my personal welfare;
11. To authorise my participation in research subject to the safeguards set out in the Adults with Incapacity (S) Act 2000.
12. To be entitled to reimbursement for all reasonable expenses or fees incurred in the exercise of these Powers.

This is the Schedule of Powers referred to in the foregoing Welfare Power of Attorney by me the said