

Nomination of a Restrictive Practices Substitute Decision-maker

made under section 5 of the Aged Care Restrictive Practices Substitute Decision-maker Act 2024

What is this form for?

The nomination of a Restrictive Practices Substitute Decision-maker form is a legal document which records your Restrictive Practices nominee in the event that you do not have decision making capacity to provide informed consent for the use of restrictive practices.

You may use this form to **nominate** an eligible adult to act as your Restrictive Practices Substitute Decision-maker when you are living in a residential aged facility, or in advance of going into residential aged care.

If you wish to amend an existing nomination in any way, please first revoke the existing nomination using the prescribed revocation form and then complete a new nomination form.

This form is only applicable for nominating a Restrictive Practices Substitute Decision-maker in a residential aged care setting. It does not provide consent for restrictive practices to be used in any other setting.

What is a restrictive practice?

A restrictive practice is any action that restricts the rights and freedom of movement of a person. The Commonwealth government regulates the use of restrictive practices and defines five types of restrictive practices as:

- Chemical restraint
- Environmental restraint
- Mechanical restraint
- Physical restraint
- Seclusion

For more information regarding the [use of restrictive practices](https://www.health.gov.au/topics/aged-care/providing-aged-care-services/training-and-guidance/restrictive-practices-in-aged-care-a-last-resort), please see the Commonwealth Government website < <https://www.health.gov.au/topics/aged-care/providing-aged-care-services/training-and-guidance/restrictive-practices-in-aged-care-a-last-resort> >

Who can be a Restrictive Practices Substitute Decision-maker?

A Restrictive Practices Substitute Decision-maker must be someone who you trust to make decisions on your behalf for the use of restrictive practices if you do not have capacity to provide informed consent.

The person you nominate must agree to be your Restrictive Practices Substitute Decision-maker.

The following people **cannot** be a Restrictive Practices Substitute Decision-maker:

- The person who was, is or may be involved with the preparation of your Behaviour Support Plan,
- An employee or agent of the residential aged care home in which you live,
- A person who is subject to a current family violence intervention order involving yourself, and,
- A person who has a conviction other than a spent conviction, for committing an offence against yourself.

Checklist

- ☐ Has this form been completed in English or translated into English?
- ☐ Is your restrictive practices nominee 18 years of age or older?
- ☐ Does your restrictive practices nominee have decision-making capacity to act as your Restrictive Practices Substitute Decision-maker and understand the nature of the nomination?
- ☐ Does your restrictive practices nominee consent to the nomination?
- ☐ Have you outlined your preferences and values for the application of restrictive practices in part 3?
- ☐ Has an appropriate witness who can take an affidavit been arranged (justice.vic.gov.au/affidavit)?
- ☐ Has your Restrictive Practices nominee seen your Behaviour Support Plan?

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Your Restrictive Practices Substitute Decision-maker has authority to make decisions on the use of restrictive practices on your behalf, in the event that you do not have capacity to make decisions.

Your restrictive practices nominee is the eligible adult you list below who is reasonably available, willing and able to make the decision.

Part 1: Personal details

Before you start, read the checklist of steps with this form.

You must fill in your full name, date of birth and residential address.

Full name:

Date of birth:

Residential address:

Part 2: Restrictive Practices nominee

Fill in the details of your Restrictive Practices nominee here.

I nominate as my Restrictive Practices nominee:

Full name:

Contact number:

Residential address:

Part 3: Statement regarding preferences and values (optional)

Enter any of your preferences or values regarding the use of restrictive practices that you wish to be considered by your nominated Restrictive Practices Substitute Decision-maker.

If this statement is expressed in a language other than English, it must be translated into English and comply with any prescribed requirements concerning certification of the translation.

Part 4: Signature

Signature of the person making this nomination (you sign here)

In signing this nomination form, I **confirm** that:

- I am 18 years of age or older,
- I have decision-making capacity at the time of making this nomination, to make this nomination; and
- I understand the nature and effect of this nomination.

Date: (dd/mm/yyyy)

You must sign in the presence of an authorised affidavit taker.

Your witness must be someone able to witness affidavits. See justice.vic.gov.au/affidavit for the list of people.

Part 5: Description of assistance provided (if any)

If a person has assisted in the preparation of this nomination

If a person assisted you in preparing this document (for example, translation or assistance with reading or writing, or advice from a lawyer), please complete this part.

If the assistance provided is translation, this must comply with any prescribed requirements concerning certification of the translation.

Full name of the person who assisted with this nomination:

Address of person who assisted with this nomination:

I confirm that I provided the following assistance to the the person making this nomination (for example reading, writing, translation assistance)

Signature of the person who assisted the person making the nomination to prepare this document:

Date: (dd/mm/yyyy)

Part 6: Certificate of Witness

Full name of witness:

Address of witness:

I certify that:

- At the time of signing this document, the person making this nomination:
 - appears to me to have decision-making capacity;
 - appears to me to understand the nature and consequences of the making the nomination;
 - appears to me to freely and voluntarily sign this document;
- I am not the person named in the nomination as the restrictive practices nominee,
- I am not a relative of the person making the nomination, and;
- I am not an employee or agent of an approved provider that provides aged care to the person making this nomination.

Signature of witness who must be an authorised affidavit taker:

Date: (dd/mm/yyyy)

You have reached the end of this form. Please keep the form safe and accessible for when it is needed.