Lasting Power of Attorney – Health and Care Decisions

Mental Capacity Act 2005 | Powers of Attorney Act 2023 | England and Wales

IMPORTANT NOTICE: This is a private planning and reference template for a Lasting Power of Attorney – Health and Care Decisions. It is NOT a substitute for the official statutory form LP1H issued by the Office of the Public Guardian (OPG). To create a legally valid and registrable LPA you must use the official OPG form or the OPG online service. This template assists solicitors and individuals in understanding and preparing the information required before completing the official form.

Section 1: The Donor

You are appointing other people to make decisions on your behalf — you are 'the donor'. The donor must be at least 18 years old and must have mental capacity to understand and make this appointment at the time of signing.

Title:

_____

First names:

_____

Last name:

_____

Any other names you are known by (optional):

_____

Date of birth:
Day Month Year

_____ _____ _____

Address:

_____

Postcode:

_____

Email address (optional):

_____

Section 2: The Attorneys

The people you choose to make decisions for you are called your 'attorneys'. They must be at least 18 years old and have mental capacity. They do not need legal training but should be people you trust. You need at least one attorney; you may appoint up to four here.

Attorney 1

Title:

_____

First names:

Last name:

Date of birth:
Day Month Year

Address:

Postcode:

Email address (optional):

Attorney 2 (if applicable)

Title:

First names:

Last name:

Date of birth:
Day Month Year

Address:

Postcode:

Email address (optional):

Attorney 3 (if applicable)

Title:

First names:

Last name:

Date of birth:
Day Month Year

Address:

Postcode:

Email address (optional):

Attorney 4 (if applicable)

Title:

First names:

Last name:

Date of birth:
Day Month Year

Address:

Postcode:

Email address (optional):

Section 3: How Should Your Attorneys Make Decisions?

You must choose whether your attorneys can make decisions independently or must act together. Whatever you choose, they must always act in your best interests.

☐ I only appointed one attorney. (Proceed to Section 4.)

How do you want your attorneys to work together? (tick one only)

☐ **Jointly and severally**

Attorneys may make decisions on their own or together. This is the most practical option. If one attorney dies or can no longer act, the LPA continues to work. Any decision made by one attorney has the same legal effect as if all attorneys made it.

☐ **Jointly**

Attorneys must agree unanimously on every decision. If one attorney dies or can no longer act, all attorneys become unable to act unless you have appointed at least one replacement attorney in Section 4.

☐ **Jointly for some decisions, jointly and severally for others**

Attorneys must agree unanimously on specified decisions but can act independently on others. List the decisions requiring joint agreement in Section 7 (Instructions). Legal advice is strongly recommended before selecting this option.

Section 4: Replacement Attorneys (Optional)

Replacement attorneys act as a backup if one of your original attorneys can no longer act. They must be at least 18 years old and have mental capacity.

Replacement Attorney 1

Title:

_____

First names:

_____

Last name:

_____

Date of birth:
Day Month Year

_____ _____ _____

Address:

_____

Postcode:

_____

Email address (optional):

_____

Replacement Attorney 2 (if applicable)

Title:

_____

First names:

_____

Last name:

_____

Date of birth:
Day Month Year

_____ _____ _____

Address:

Postcode:

Email address (optional):

☐ I wish to specify different conditions for how my replacement attorneys act. (Provide details in Section 7 — Instructions.)

Section 5: Life-Sustaining Treatment

This is an essential part of your LPA. You must choose whether your attorneys can give or refuse consent to life-sustaining treatment on your behalf. Life-sustaining treatment means any care, surgery, medicine or other intervention needed to keep you alive — for example, a serious operation, cancer treatment, or artificial nutrition or hydration. You must sign one option only. Leaving this section blank or signing both options will invalidate the LPA.

☐ **Option A**

I give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf. My attorneys may speak to doctors on my behalf as if they were me.

Signature or mark (Option A only):

Date signed:
Day Month Year

☐ **Option B**

I do not give my attorneys authority to give or refuse consent to life-sustaining treatment on my behalf. Doctors will take into account the views of my attorneys and any written statement I have made, where it is practical and appropriate.

Signature or mark (Option B only):

Date signed:
Day Month Year

Witness for Section 5 (must not be an attorney or replacement attorney; aged 18 or over):

Full name of witness:

Address:

Postcode:

Signature or mark:

Section 6: People to Notify When the LPA is Registered (Optional)

You may choose to notify certain people when you apply to register your LPA. They can raise concerns — for example, if they believe the LPA was made under pressure or involves fraud. Attorneys and replacement attorneys cannot be listed here. You may list up to four people to notify.

Person to Notify 1

Title:

_____

First names:

_____

Last name:

_____

Date of birth:
Day Month Year

_____ _____ _____

Address:

_____

Postcode:

_____

Person to Notify 2 (optional)

Title:

_____

First names:

_____

Last name:

_____

Date of birth:
Day Month Year

_____ _____ _____

Address:

_____

Postcode:

_____

Person to Notify 3 (optional)

Title:

_____

First names:

Last name:

Date of birth:
Day Month Year

Address:

Postcode:

Person to Notify 4 (optional)

Title:

First names:

Last name:

Date of birth:
Day Month Year

Address:

Postcode:

Section 7: Preferences and Instructions (Optional)

Preferences

Record how you would prefer your attorneys to make decisions. Attorneys are not legally required to follow preferences but should keep them in mind. Use language such as 'I prefer' or 'I would like'.

Instructions

You may give your attorneys specific instructions which they must follow exactly. Use language such as 'must' or 'have to'. Instructions that are not lawful will be removed before the LPA can be registered. Legal advice is recommended.

Section 8: Your Legal Rights and Responsibilities

Everyone signing this LPA must read this section. By signing this lasting power of attorney, you (the donor) appoint people (attorneys) to make decisions about your health and welfare on your behalf. LPAs are governed by the Mental Capacity Act 2005 (MCA 2005), regulations made under it, and the MCA Code of Practice.

Your attorneys must follow the five principles of the Mental Capacity Act 2005:

1. Your attorneys must assume that you can make your own decisions unless it is established that you cannot do so.
2. Your attorneys must help you to make as many of your own decisions as you can. They must take all practical steps to help you make a decision. They can only treat you as unable to make a decision if they have not succeeded in helping you make a decision through those steps.
3. Your attorneys must not treat you as unable to make a decision simply because you make an unwise decision.
4. Your attorneys must act and make decisions in your best interests when you are unable to make a decision.
5. Before making a decision or acting for you, your attorneys must consider whether they can make the decision in a way that is less restrictive of your rights and freedom but still achieves the purpose.

Before this LPA can be used it must be registered with the Office of the Public Guardian (OPG). Attorneys can only use this LPA when the donor lacks mental capacity to make the specific health or care decision in question.

Cancelling your LPA: You can cancel this LPA at any time while you retain mental capacity. It does not matter whether the LPA has been registered or not.

Your will and your LPA: Your attorneys cannot use this LPA to change your will. This LPA expires upon your death. Your attorneys must then send the registered LPA, any certified copies, and a copy of your death certificate to the Office of the Public Guardian.

Section 9: Signature: Donor

Sign this section BEFORE the certificate provider signs Section 10 and BEFORE any attorney signs Section 11. By signing this page I confirm all of the following:

- I have read this lasting power of attorney (LPA) including Section 8 'Your Legal Rights and Responsibilities', or I have had it read to me.
- I appoint and give my attorneys authority to make decisions about my health and welfare, when I cannot act for myself because I lack mental capacity, subject to the terms of this LPA and to the provisions of the Mental Capacity Act 2005.
- I confirm I have chosen either Option A or Option B about life-sustaining treatment in Section 5 of this LPA.
- I have either appointed people to notify (in Section 6) or I have chosen not to notify anyone when the LPA is registered.
- I agree to the information I have provided being used by the Office of the Public Guardian in carrying out its duties.

Donor — Signed (or marked) by the person giving this LPA and delivered as a deed:

Signature or mark: _____

Date signed:
Day Month Year

_____ _____ _____

Witness (must not be an attorney or replacement attorney; must be aged 18 or over):
Full name of witness:

_____

Address:

_____

Postcode:

_____

Signature or mark: _____

Section 10: Signature: Certificate Provider

Only sign this section AFTER the donor has signed Section 9. The certificate provider confirms they have discussed the LPA with the donor, that the donor understands what they are doing, and that nobody is forcing them. The certificate provider must be either: (a) someone who has known the donor personally for at least two years; or (b) someone with relevant professional skills, such as a GP, healthcare professional, or solicitor. The certificate provider cannot be one of the attorneys.

Certificate Provider's Statement

I certify that, as far as I am aware, at the time of signing Section 9:

- the donor understood the purpose of this LPA and the scope of the authority conferred under it
- no fraud or undue pressure is being used to induce the donor to create this LPA
- there is nothing else which would prevent this LPA from being created by the completion of this instrument

Certificate Provider — By signing this section I confirm that:

- I am aged 18 or over.
- I have read this LPA including Section 8 'Your Legal Rights and Responsibilities'.
- There is no restriction on my acting as a certificate provider.
- The donor has chosen me as someone who has known them personally for at least two years, OR the donor has chosen me as a person with relevant professional skills and expertise.

The certificate provider must not be:

- an attorney or replacement attorney named in this LPA or any other LPA or enduring power of attorney for the donor
- a member of the donor's family or of one of the attorneys' families, including husbands, wives, civil partners, in-laws and step-relatives
- an unmarried partner, boyfriend or girlfriend of either the donor or one of the attorneys
- the donor's or an attorney's business partner
- the donor's or an attorney's employee
- an owner, manager, director or employee of a care home where the donor lives

Certificate Provider details:

Title:

_____

First names:

Last name:

Address:

Postcode:

Signature or mark:

Date signed:
Day Month Year

Section 11.1: Signature: Attorney or Replacement 1

Only sign this section AFTER the certificate provider has signed Section 10. By signing this section I understand and confirm all of the following:

- I am aged 18 or over.
- I have read this lasting power of attorney (LPA) including Section 8 ‘Your Legal Rights and Responsibilities’, or I have had it read to me.
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice.
- I must make decisions and act in the best interests of the donor.
- I must take into account any instructions or preferences set out in this LPA.
- I can make decisions and act only when this LPA has been registered.
- I can make decisions and act only when the donor lacks mental capacity.

Further statement by a replacement attorney: I understand that I have the authority to act under this LPA only after an original attorney’s appointment is terminated. I must notify the Public Guardian if this happens.

Title:

First names:

Last name:

Attorney or Replacement 1 — Signed (or marked) and delivered as a deed:

Signature or mark:

Date signed:
Day Month Year

Witness (must not be the donor; must be aged 18 or over):

Full name of witness:

Address:

Postcode:

Signature or mark:

Section 11.2: Signature: Attorney or Replacement 2

Only sign this section AFTER the certificate provider has signed Section 10. By signing this section I understand and confirm all of the following:

- I am aged 18 or over.
- I have read this lasting power of attorney (LPA) including Section 8 'Your Legal Rights and Responsibilities', or I have had it read to me.
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice.
- I must make decisions and act in the best interests of the donor.
- I must take into account any instructions or preferences set out in this LPA.
- I can make decisions and act only when this LPA has been registered.
- I can make decisions and act only when the donor lacks mental capacity.

Further statement by a replacement attorney: I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

Title:

First names:

Last name:

Attorney or Replacement 2 — Signed (or marked) and delivered as a deed:

Signature or mark:

Date signed:
Day Month Year

Witness (must not be the donor; must be aged 18 or over):

Full name of witness:

Address:

Postcode:

Signature or mark:

Section 11.3: Signature: Attorney or Replacement 3

Only sign this section AFTER the certificate provider has signed Section 10. By signing this section I understand and confirm all of the following:

- I am aged 18 or over.
- I have read this lasting power of attorney (LPA) including Section 8 'Your Legal Rights and Responsibilities', or I have had it read to me.
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice.
- I must make decisions and act in the best interests of the donor.
- I must take into account any instructions or preferences set out in this LPA.
- I can make decisions and act only when this LPA has been registered.
- I can make decisions and act only when the donor lacks mental capacity.

Further statement by a replacement attorney: I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

Title:

First names:

Last name:

Attorney or Replacement 3 — Signed (or marked) and delivered as a deed:

Signature or mark:

Date signed:
Day Month Year

Witness (must not be the donor; must be aged 18 or over):

Full name of witness:

Address:

Postcode:

Signature or mark:

Section 11.4: Signature: Attorney or Replacement 4

Only sign this section AFTER the certificate provider has signed Section 10. By signing this section I understand and confirm all of the following:

- I am aged 18 or over.
- I have read this lasting power of attorney (LPA) including Section 8 'Your Legal Rights and Responsibilities', or I have had it read to me.
- I have a duty to act based on the principles of the Mental Capacity Act 2005 and to have regard to the Mental Capacity Act Code of Practice.
- I must make decisions and act in the best interests of the donor.
- I must take into account any instructions or preferences set out in this LPA.
- I can make decisions and act only when this LPA has been registered.
- I can make decisions and act only when the donor lacks mental capacity.

Further statement by a replacement attorney: I understand that I have the authority to act under this LPA only after an original attorney's appointment is terminated. I must notify the Public Guardian if this happens.

Title:

_____

First names:

_____

Last name:

_____

Attorney or Replacement 4 — Signed (or marked) and delivered as a deed:

Signature or mark: _____

Date signed:
Day Month Year

_____ _____ _____

Witness (must not be the donor; must be aged 18 or over):

Full name of witness:

_____

Address:

_____

Postcode:

_____

Signature or mark: _____

Section 12: The Applicant (Registration)

Before the LPA can be used it must be registered with the Office of the Public Guardian (OPG). Only the donor or an attorney may apply to register. The donor and attorneys should not apply together.

Who is applying to register the LPA? (tick one only)

☐ Donor — the donor will sign Section 15.

☐ Attorney(s) — if appointed jointly (Section 3), all must sign Section 15.

Write the name and date of birth for each attorney applying to register.

Applying Attorney 1:

Title:

_____

First names:

_____

Last name:

_____

Date of birth:
Day Month Year

_____ _____ _____

Applying Attorney 2:

Title:

_____

First names:

_____

Last name:

_____

Date of birth:
Day Month Year

_____ _____ _____

Section 13: Who Should Receive the Registered LPA?

Indicate who should receive the registered LPA and any correspondence. You do not need to repeat addresses already provided for the donor or attorneys.

Who would you like to receive the LPA? (tick one)

☐ The donor
☐ An attorney
☐ Other (write name and address below)

Title:

_____

First names:

_____

Last name:

_____

Company (optional):

_____

Address:

Postcode:

How would the person above prefer to be contacted? (tick all that apply)

☐ Post
☐ Phone
☐ Email

Section 14: Application Fee

There is a fee payable to register this LPA. The current fee is set by the Office of the Public Guardian and may change. Please check the current fee before submitting your application.

How would you like to pay? (tick one)

☐ Card — the OPG will contact you to process payment securely.

☐ Cheque — enclose a cheque made payable to 'Office of the Public Guardian'.

Reduced Application Fee

If the donor has a low income they may not need to pay the full fee. Contact the OPG to check eligibility.

☐ I wish to apply to pay a reduced fee.

Repeat Application

☐ I am making a repeat application (within 3 months of a rejected application).

Case number:

Section 15: Registration Signature

Do not sign this section until after Sections 9, 10, and 11 have been signed and dated. The person applying to register the LPA (see Section 12) must sign and date this section. If the attorneys are applying and were appointed to act jointly (Section 3), they must all sign.

By signing this section I confirm the following:

- I apply to register the LPA that accompanies this application.
- I have informed 'people to notify' named in Section 6 of the LPA (if any) of my intention to register the LPA.
- I certify that the information in this form is correct to the best of my knowledge and belief.

Signatory 1:

Signature or mark:

Date signed:
Day Month Year

Signatory 2:

Signature or mark:

Date signed:
Day Month Year

Signatory 3:

Signature or mark: _____

Date signed:

Day _____ Month _____ Year _____

Signatory 4:

Signature or mark: _____

Date signed:

Day _____ Month _____ Year _____