



INFORMATION FOR WITNESSES

The following persons or classes of persons are considered authorised witnesses. Check that you fit one of the authorised witness categories (as per Schedule 1 of the Regulations):

<input type="checkbox"/>	Health practitioners
<input type="checkbox"/>	Justices of the Peace
<input type="checkbox"/>	Legal practitioners
<input type="checkbox"/>	Police officers
<input type="checkbox"/>	Social workers
<input type="checkbox"/>	Teachers

Take this document with you to get your Advance Care Directive witnessed.

ADVANCE CARE DIRECTIVE

You must be independent of the person you are witnessing for, which means you cannot be:

- » a beneficiary in their will
- » appointed as their Substitute Decision-Maker; or
- » their health practitioner or paid professional carer.

If there is a chance you will be the person's health practitioner in the future, you should not witness their Advance Care Directive.

It is your choice whether or not you witness a person's Advance Care Directive.

- » To be valid under the Act, an Advance Care Directive must be completed on the official Advance Care Directive Form. It may be completed in handwriting (ink only) or electronically.
- » Do not witness the Advance Care Directive until it has been finalised, including signed by any Substitute Decision-Makers (you do not need to witness the acceptance).
- » It is not your role to check the content of the person's Advance Care Directive.
- » If you think the person is not competent to complete an Advance Care Directive, you can request they provide medical documentation which states that they are.

Training

A list of training for witnesses is available at:

advanacedirectives.sa.gov.au



For Justices of the Peace requiring assistance with witnessing an Advance Care Directive, you can:

- » Call 131 882
- » Email: jpservices@sa.gov.au
- » View the JP Handbook at agd.sa.gov.au

Checklist for witnesses

To fulfil your obligations as a witness, it is strongly encouraged that you complete the online training for witnesses. You must complete the following checklist:

<input type="checkbox"/>	Confirm that the identity of the person matches the details on the Form .												
<input type="checkbox"/>	Ask the person to read the Information Statement . If they did not bring theirs with them, or you do not have a copy, you can download or view a copy on a computer or smart device, such as your mobile phone, at advancecaresdirectives.sa.gov.au												
<input type="checkbox"/>	Speak with the person alone so you can assess if they are voluntarily giving the Advance Care Directive and to limit the possibility of coercion by others. If you reasonably suspect the person is not making their Advance Care Directive of their own free will, do not witness the document and refer them to page 28 of the Do-It-Yourself Guide , which provides additional support contact information.												
<input type="checkbox"/>	Check that the Form has been written in ink and whether there are any alterations to the Form (including white-out). You and the person completing the Form should initial and date any alterations. Make sure any blank sections have a large 'Z' drawn across them. You do not need to initial the 'Z's'.												
<input type="checkbox"/>	<p>Once the person has read the Information Statement ask the questions below to make sure you are satisfied the person appears to understand the Information Statement and that they do not appear to be acting under duress or coercion.</p> <table border="1" data-bbox="280 1350 1487 1917"> <tr> <td data-bbox="280 1350 368 1435"><input type="radio"/></td> <td data-bbox="368 1350 1487 1435">What is an Advance Care Directive?</td> </tr> <tr> <td data-bbox="280 1435 368 1523"><input type="radio"/></td> <td data-bbox="368 1435 1487 1523">When will your Advance Care Directive be used?</td> </tr> <tr> <td data-bbox="280 1523 368 1610"><input type="radio"/></td> <td data-bbox="368 1523 1487 1610">What types of decisions will it cover?</td> </tr> <tr> <td data-bbox="280 1610 368 1697"><input type="radio"/></td> <td data-bbox="368 1610 1487 1697">Who will have to follow your Advance Care Directive?</td> </tr> <tr> <td data-bbox="280 1697 368 1785"><input type="radio"/></td> <td data-bbox="368 1697 1487 1785">Why have you decided to complete an Advance Care Directive?</td> </tr> <tr> <td data-bbox="280 1785 368 1917"><input type="radio"/></td> <td data-bbox="368 1785 1487 1917">Have you appointed any Substitute Decision-Makers? Why did you choose them? What decisions will they be able to make? When will they be able to make decisions for you?</td> </tr> </table>	<input type="radio"/>	What is an Advance Care Directive?	<input type="radio"/>	When will your Advance Care Directive be used?	<input type="radio"/>	What types of decisions will it cover?	<input type="radio"/>	Who will have to follow your Advance Care Directive?	<input type="radio"/>	Why have you decided to complete an Advance Care Directive?	<input type="radio"/>	Have you appointed any Substitute Decision-Makers? Why did you choose them? What decisions will they be able to make? When will they be able to make decisions for you?
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ADVANCE CARE DIRECTIVE

<input type="checkbox"/>	<p>If the person has appointed any Substitute Decision-Makers, make sure they have signed the Form and accepted their appointment. This must be done before you witness the document. You do not need to witness the acceptance.</p> <p>If the person is appointing more than four Substitute Decision-Makers, ensure the downloadable additional pages to appoint more Substitute Decision-Makers have been inserted in the correct order and the pages are numbered sequentially.</p>
<input type="checkbox"/>	<p>If you are satisfied that the person appears to understand the Information Statement and that they do not appear to be acting under duress or coercion, ask the person to sign the Form in front of you. If they are physically unable to sign due to an injury, illness or disability, another person can sign on their behalf. This person should not be an appointed Substitute Decision-Maker.</p>
<input type="checkbox"/>	<p>Both you and the person giving this Advance Care Directive must initial and date each page of the Advance Care Directive in the boxes provided on the Form.</p>
<input type="checkbox"/>	<p>Fill in the Witnessing section Part 7b of the Form. Record your name, witness category and contact details and then sign the Form. Fill in the 'extra execution statement' section if the person executed their Advance Care Directive in another way, such as by placing a 'mark' or if someone signed on their behalf.</p>
<input type="checkbox"/>	<p>If you are able to, make multiple certified copies of the document after it has been signed by all parties and witnessed. There is a space on the first page of the Form for certifying copies. Please see below for instructions on how to certify copies.</p>

Instructions for certifying copies of Advance Care Directives:

When certifying copies of Advance Care Directives, you must:

- » sight the original Advance Care Directive and check that the copy or copies is an identical copy of the original.
- » stamp or write the certification statement on the front page of the Advance Care Directive Form in the certification box.

For Justices of the Peace:

- » sign and put your JP stamp underneath the certification, or if you do not have a stamp, write your full name, your JP ID number and the words 'Justice of the Peace for South Australia'.

A suggested certification statement:

I (insert name), (insert occupation) certify that this and the following (insert number) pages to be a true copy of the original sighted by me.

Signed

Date/...../.....

There is space on the front of the Advance Care Directive Form for the witness to use when they certify each of the photocopies.