

| For | office us | e only | |
|-------------------|-----------|--------|--|
| Case no. (if know | ר) | | |
| | | | |
| Date received | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Full name of person to whom the application relates (this is the name of the person who lacks, or is alleged to lack, capacity) |
|---|
| |
| |
| |

Section 1 - Your details (the person applying to be appointed as a deputy)

| 1.1 | Your title | Mr. Mrs. Miss Ms. Other |
|-----|------------------------------------|---|
| | First name | |
| | Middle name(s) | |
| | Last name | |
| | | |
| 1.2 | Address (including postcode) | |
| | | |
| | Telephone no. | Daytime |
| | | Evening |
| | | Mobile |
| | E-mail address | |
| 1.3 | Date of birth | D D M M Y Y Y |
| 1.4 | What is your cor | nnection to the person to whom the application relates? |
| | | |
| | | |
| | | |

Details of the person to whom the application relates

| 1.5 | Full name | | | | | | | |
|-------|---|----------------|---------------|----------------|-----------------|--------------------|-------------|----|
| | Address (including postcode) | | | | | | | |
| | Date of birth | D D M | MY | YYY | | | | |
| Secti | on 2 - Your pers | sonal circu | ımstance | s | | | | |
| 2.1 | What is your curre If you are not in pooccupation if retire | aid employn | | e give details | of your currer | t circumstances (| or previous | |
| | | | | | | | | |
| 2.2 | How long have yo | ou worked ir | your curre | nt occupatio | n? | | | |
| | Year | s | | Months | | | | |
| | | L | | | | | | |
| 2.3 | Have you ever be | | | | - | | Yes | No |
| | If Yes, please give | e the name(s | s) of the per | son(s) and (ii | Known) the co | ourt reference(s). | | |
| | | | | | | | | |
| | | | | | | | | |
| 2.4 | Have you ever be (Do not include co | | | | ation of Offenc | lers Act 1974). | Yes | No |
| | If Yes, please pro | vide details (| of the offen | ce, including | the date of co | nviction. | | |
| | | | | | | | | |
| | | | | | | | | |
| 2.5 | Are there any circ ability to carry out commitments). | | | | | | Yes | No |
| | If Yes, please prov | vide details. | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| 2.6 | If you are not appointed as a deputy or become unable to take up an appointment, are you aware of any other person (or officer holder) who might wish to be considered as a deputy? | Yes | No |
|-------|---|-------|-----|
| | If Yes, please provide details. | | |
| | | | |
| Sect | ion 3 - Your financial circumstances | | |
| Pleas | e complete this section if you are applying to be appointed as a property and affairs dep | outy. | |
| 3.1 | Do you have a personal bank or building society current/deposit account? | Yes | No |
| 3.2 | Have you ever been refused credit? (e.g. having a personal loan application refused) | Yes | No |
| | If Yes, please provide details. | | |
| 3.3 | Do you have any outstanding judgment debts? | | □No |
| 0.0 | | Yes | |
| | If Yes, please provide details. | | |
| 3.4 | Have you personally ever been declared bankrupt or the debtor under an Individual Voluntary Arrangement under Part VIII of the Insolvency Act 1986 or subject to a debt relief order? | Yes | No |
| | If Yes, please provide details. | | |
| 3.5 | Are you currently an undischarged bankrupt or the debtor under an Individual Voluntary Arrangement or subject to a Debt Relief Order? | Yes | □No |
| | If Yes, please give provide details. | | |

| Has any business that you have been involved with (whether a company, partnership or otherwise) been subject to a recognised insolvency regime (e.g. voluntary arrangement, winding-up, administration, receivership, | Yes | |
|--|------|--|
| administrative receivership)? If Yes, please provide details. | | |
| | | |
| Have you been the subject of a declaration under section 213 (fraudulent trading) | □Yes | |
| or section 214 (wrongful trading) of the Insolvency Act 1986? | | |
| If Yes, please provide details. | | |
| | | |
| Have you been the subject of a bankruptcy restrictions order under section 281A or Schedule 4A of the Insolvency Act 1986, or a disqualification order under section 1 of the Company Directors (Disqualification) Act 1986? | Yes | |
| If Yes, please provide details. | | |
| | | |
| | | |
| Are you aware of any matter in which your financial interests may conflict with those of the person to whom the application relates? (e.g. occupation of a property which the person owns, any interest under the terms of their will) | Yes | |
| If Yes, please provide details. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Section 4 - Your personal undertakings to the person to whom the application relates

Becoming a deputy means that you have to take on a number of duties and responsibilities and have to act in accordance with certain standards. If you are appointed as a deputy, the court order will set out the exact powers conferred on you.

The main duties and responsibilities you may have to take on are set out below. Please review each one and tick 'Yes' if you give your undertaking to act in accordance with the duty or responsibility. You can use the 'Comments' section to support your undertakings. Please mention if you have a particular professional skill, life experience, public duty or role that you think is relevant.

If you do not give your undertaking and tick 'No', please use the 'Comments' section to explain your reasons. It may be because you do not yet have experience in the particular duty, or think you might not have the skills needed. It will not necessarily prevent your appointment as deputy.

Not all of the undertakings set out below will be relevant to every deputy. If you think this is the case, tick 'No' and explain in the 'Comments' section that the undertaking would be irrelevant to your appointment.

| | Undertaking | Yes or No | Comments |
|---|--|---------------|----------|
| 1 | I will have regard to the Mental Capacity Act 2005 Code of Practice and I will apply the principles of the Act when making a decision. In particular I will act in the best interests of the person to whom the application relates and I will only make those decisions that the person cannot make themselves. | ☐ Yes ☐ No | |
| 2 | I will act within the scope of the powers conferred on me by the court as set out in the order of appointment and will apply to the court if I feel additional powers are needed. | ☐ Yes ☐ No | |
| 3 | I will act with due care, skill and diligence, as I would do in making my own decisions and conducting my own affairs. Where I undertake my duties as a deputy in the course of my professional work (if relevant), I will abide by professional rules and standards. | ☐ Yes ☐ No | |
| 4 | I will make decisions on behalf of the person to whom the application relates as required under the court order appointing me. I will not delegate any of my powers as a deputy unless this is expressly permitted in the court order appointing me. | ☐ Yes ☐ No | |
| 5 | I will ensure that my personal interests do not conflict with my duties as a deputy, and I will not use my position for any personal benefit. | ☐ Yes | |
| 6 | I will act with honesty and integrity, and will take any decisions made by the person to whom the application relates while they still had capacity, into account when determing their best interests. | ☐ Yes ☐ No | |
| 7 | I will keep the person's financial and personal information confidential (unless there is a good reason that requires me to disclose it). | ☐ Yes ☐ No | |

| 8 | I will comply with any directions of the court or reasonable requests made by the Public Guardian, including requests for reports to be submitted. | ☐ Yes ☐ No | |
|----|--|--|----------|
| 9 | I will visit the person to whom the application relates as regularly as is appropriate and take an interest in their welfare. | ☐ Yes | |
| 10 | I will work with the person to whom the application relates and any carer(s) to achieve the best quality of life for him or her within the funds available. | ☐ Yes ☐ No | |
| 11 | I will co-operate with any representative of the court or the Public Guardian who might wish to meet me or the person to whom the application relates to check that the deputyship arrangements are working. | ☐ Yes ☐ No | |
| 12 | I will immediately inform the court and the Public Guardian if I have any reason to believe that the person to whom the application relates no longer lacks capacity and may be able to manage his or her own affairs. | ☐ Yes ☐ No | |
| | Further undertakings if you are | | |
| | applying to be appointed as a property and affairs deputy | Yes or No | Comments |
| 13 | | Yes or No | Comments |
| 13 | and affairs deputy I understand that I may be required to provide security for my actions as deputy. If I am required to purchase insurance, such as a guarantee bond, I undertake to pay premiums promptly from the funds of the | ☐ Yes | Comments |
| | and affairs deputy I understand that I may be required to provide security for my actions as deputy. If I am required to purchase insurance, such as a guarantee bond, I undertake to pay premiums promptly from the funds of the person to whom the application relates. I will keep accounts of dealings and transactions taken on behalf of the person | ☐ Yes☐ No☐ Yes☐ | Comments |
| 14 | and affairs deputy I understand that I may be required to provide security for my actions as deputy. If I am required to purchase insurance, such as a guarantee bond, I undertake to pay premiums promptly from the funds of the person to whom the application relates. I will keep accounts of dealings and transactions taken on behalf of the person to whom the application relates. I will keep the money and property of the person to whom the application relates | ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes | Comments |

Section 5 - Personal statement to the court Please state why you wish to be the deputy of the person to whom the application relates.

Section 6 - Statement of truth

| - | | | | 4.1 | | | |
|--------------|-----------------|----------|-------------|--------------|------------------|--------------|--------------|
| The stateme | nt at truith | 10 th ha | a eianad hi | v tha narean | i annivina ta I | be appointed | as a denuity |
| THE Stateme | iii Oi ii uii i | 13 10 00 | Jugitica Di | | i applyllig to i | | as a acputy |

I believe that the facts stated in this declaration are true.

| Signed | | |
|--------|------|--|
| Name | Date | |