

Application to join the Panel of Deputies appointed by the Office of the Public Guardian

The Office of the Public Guardian (OPG) supports the Public Guardian with carrying out her legal functions under the Mental Capacity Act 2005 (MCA). OPG appoints and administers a panel of deputies on behalf of the Public Guardian.

Panel deputies are appointed to act by the Court of Protection when no one else is willing or able to act as a deputy for someone who lacks mental capacity.

In order to be appointed to the panel, the Public Guardian requires deputies to be able to demonstrate their understanding of, and adherence to, the MCA, the MCA Code of Practice, the Lasting Power of Attorney, Enduring Power of Attorney and Public Guardian Regulations 2007, the OPG Deputy Standards and the expectations set out in the Panel Deputy Commitment statement.

In order to apply, panel deputies must be one of the following:

- solicitors regulated by the Solicitors Regulation Authority (SRA)
- accountants regulated by the Institute of Chartered Accountants In England and Wales (ICAEW) or the Association of Chartered Certificated Accountants (ACCA)
- financial advisors regulated by the Financial Conduct Authority (FCA)
- charities regulated by the Charity Commission

Applicants must be existing deputies for property and financial affairs (PFA) or have been appointed as a PFA deputy in the last five years. Applicants will be required to have been appointed as a PFA deputy for a minimum of two consecutive years.

Please use this application form to demonstrate your ability to fulfill these requirements.

Please note – there is a separate application form for Trust Corporations.

Appointments to the panel will be subject to the applicant confirming their commitment to meet the expectations of panel members.

Application Form

Name
Organisation
Your role
Address
Post code
Email address
Contact number

Which regulatory body do you belong to?				
Are you an existing deputy? Yes No If not, when did you last hold this role?				
Day Month Year				
Organisation that you worked for at that time (if different)				
Have you ever been discharged from a deputyship following an investigation or non-compliance action by the Public Guardian or a concern raised by a third party?				
Are you currently a member of the panel?				
Yes No				
If not, but you have been a member of the panel in the last five years, please provide the dates of your membership.				
Day Month Year				

In support of your application please complete a statement of suitability of no more than 1000 words demonstrating why you believe you posess the necessary skills and expertise to carry out the role of a panel deputy. You will be assessed against the following essential criteria:

- understanding and experience of managing a deputyship
- exemplary adherence to the MCA, Public Guardian Regulations and OPG Deputy Standards
- details of mechanisms you will employ to ensure you remain up to date with relevant case law and guidance published by OPG
- details of your ability to increase your deputyship caseload at short notice if required to do so

Geographical area

If appointed to the panel, you will be expected to accept cases from within the geographic area in which you work.

Do you have the ability - e.g., through offices in other parts of the country - to provide services to Ps in other areas of England and Wales? If so, select the relevant areas.

Midlands
North
North East
West
South East
Wales
These correspond to court circuits, and you would be expected to attend hearings in person as necessary if required.
Please state if you would be willing to accept personal welfare deputyship cases.
Yes No
Please state if you would be interested in being appointed to OPG's panel of guardians.
Yes No
Please note your response to these questions will have no impact of the outcome of your panel deputy application.
As part of the assessment process, OPG will review your existing and recent caseload to assess how you have adhered to the MCA, the Code of Practice, the LPA, EPA and Public Guardian Regulations and the OPG Deputy Standards.

Declaration

I confirm that I wish to apply to join the Office of the Public Guardian's Panel of deputies.

If appointed, I agree to abide by the panel deputy commitment statement.

All the information in this application is correct and accurate to the best of my knowledge.

Signature

Date Day	Month	Year	