

# Revocation of a Restrictive Practices nominee

*made under section 6 of the Aged Care Restrictive Practices Substitute Decision-maker Act 2024 (the Act)*

## What is this form for?

You may use this form to **revoke** the nomination of your previously nominated Restrictive Practices Substitute Decision-maker.

A nomination of a Restrictive Practices Substitute Decision-maker under section 5 of the Act 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 in residential aged care. **This form revokes that nomination.**

## 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:

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

This form is focused on **revoking** the nomination of a substitute decision-maker for the use of restrictive practices in residential aged care.

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> >

## Checklist

- ☐ Has this form been completed in English or translated into English?
- ☐ Has an appropriate witness who can take an affidavit been arranged ([justice.vic.gov.au/ affidavit](https://justice.vic.gov.au/affidavit))?

# Revocation of a Restrictive Practices nominee

*made under section 6 of the Aged Care Restrictive Practices Substitute Decision-maker Act 2024*

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.

**This form revokes a previous nomination you have made.**

## Part 1: Personal details of the person revoking the nomination

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 **revoke** the nomination of my Restrictive Practices nominee.

**Full name:**

**Contact Number:**

**Residential address:**

## Part 3: Signature

You must sign in front of **one authorised affidavit taker.**

A witness must be someone able to witness affidavits. See [justice.vic.gov.au/affidavit](https://justice.vic.gov.au/affidavit) for the list of people.

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

- I have decision-making capacity at the time of making this revocation to revoke the nomination; and
- I understand the nature and effect of this revocation.

**Signature of person revoking the nomination** (you sign here)

**Date: (dd/mm/yyyy)**

## Part 4: Description of assistance provided (if any)

### **If a person has assisted in the preparation of this revocation**

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 revocation:**

**Address of the person who assisted with this revocation:**

**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 revocation  
to prepare the document**

**Date: dd/mm/yyyy**

## Part 5: Certificate of Witness

**Full name of witness:**

**Address of witness:**

**I certify that:**

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

Signature of witness who must be an authorised affidavit taker:

Date: (dd/mm/yyyy)

You have reached the end of this form.

- If you would like to nominate a new Restrictive Practices nominee, please complete a new **nominaton** form.