SUPPORTED DECISION MAKING AGREEMENT

Date: __/__/__

I ___________________________ choose
 ___________________________ &
 ___________________________
(name, relationship)

To be my supporter(s) and support me to make decisions about:

☐ Where I live ___________________________

☐ Who I spend time with ___________________________

☐ What I do (work/ study/ activities) ___________________________

☐ My health ___________________________

☐ Managing my money ___________________________

I want my supporter(s) to support me by: (for example)

☐ Providing Information in a way that I can understand

☐ Discussing the good things and the bad things that could happen

☐ Expressing my wishes to other people

☐ ___________________________

☐ ___________________________

☐ ___________________________

☐ ___________________________
I accept ___________________________ to be a facilitator who will keep track of how things are going with my supported decision making.

I ___________________________ agree to be a supporter and support ___________________________ to make his/her own decisions when he/she asks me to.

We will review this agreement by ___________________________ (month, year)

Any person in this agreement can stop being involved in the agreement by letting the Supported Decision Making Coordinator know.

__________________________  ___________________________
(name)  (date)

__________________________  ___________________________
(supporter)  (date)

__________________________  ___________________________
(supporter)  (date)

__________________________  ___________________________
(facilitator)  (date)

The facilitator will be provided support by Cher Nicholson – Supported Decision Making Project Officer - Office of the Health and Community Services Complaints Commissioner (SA).