



SUPPORTED DECISION MAKING AGREEMENT

Date: ___/___/___

I _____ choose

(name, relationship) &

(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).