




## My Aged Care Appointment of a Support Person Form

Feb 2025

 When to use this form	 Protecting you and your information	 For more information
<p><b>This form is to appoint a support person to help you access My Aged Care services.</b></p> <p>If you want to access government subsidised aged care services, you need to register with My Aged Care. To do this you can either call My Aged Care yourself or someone else (a 'representative' or 'agent') can talk to My Aged Care with you.</p> <p>You can also register online as part of the assessment application process at: <b><a href="https://myagedcare.gov.au">https://myagedcare.gov.au</a>.</b></p> <p>A support person set up with this form is limited to accessing information and interacting with My Aged Care. These arrangements do not extend to other government agencies.</p>	<p>Your personal information, and your support person's, is protected by law, including the <i>Privacy Act 1988</i> and the Australian Privacy Principles.</p> <p>Your personal information is collected by My Aged Care, government funded service providers and assessors for the assessment and provision of government funded aged care services.</p> <p>More information about how My Aged Care looks after your personal information can be found at: <b><a href="https://www.myagedcare.gov.au/privacy">https://www.myagedcare.gov.au/privacy</a></b></p>	<p>To talk to someone from My Aged Care about this form:</p> <ul style="list-style-type: none"> <li>• Call My Aged Care on <b>1800 200 422</b> Monday to Friday, between 8:00am and 8:00pm, and Saturday, between 10:00am and 2:00pm.</li> <li>• In person with an Aged Care Specialist Officer (ACSO). Make an appointment by calling 1800 227 475 on weekdays from 8am to 8pm. You can visit the <a href="#">Services Australia website</a> for more information on the latest ACSO locations.</li> </ul> <p>You may also visit the My Aged Care website for more information at: <b><a href="https://www.myagedcare.gov.au/arranging-someone-support-you">https://www.myagedcare.gov.au/arranging-someone-support-you</a></b></p>

### What is a Support Person in My Aged Care?

A Support Person is able to provide you with assistance in accessing services and support in My Aged Care. They could be a family member, a friend, a carer or someone who provides support within a community. Some support people may also be legally appointed. By entering into a Support Person relationship the information and discussions are limited to the client and nominated individual, this means no other person may act or access your My Aged Care information unless a relationship has been consented to.

There are three types of support relationships that you can have in My Aged Care:

#### Regular representative

A regular representative is able to support you and be involved in discussions with My Aged Care, access and update all of your information and convey decisions to My Aged Care with your consent.

#### Authorised representative

If you are not capable of providing consent for someone to become an Agent or Regular Representative, an authorised representative can be legally appointed to act on your behalf and make My Aged Care decisions for you.

#### Agent

An agent is able to support you, be involved in discussions with you, access and update some of your information, but can't make decisions about your care or services when liaising with My Aged Care. They will be a professional, who is not a family member or friend and is not affiliated with an approved support organisation.

**NOTE:** This role is ending on 30 June 2025 and all relationships of this type will be ended at that time.

The table on Page 7 of this form shows the actions that can be completed for you by a support person.

# THIS FORM IS FOR APPOINTING AN INDIVIDUAL SUPPORT PERSON

## How to complete this form

You can complete this form on your computer or print and sign.

**PART A** – your (the client's) details (the person requesting an agent, regular or authorised representative).

**PART B** – the nominated support person's details.

**PART C, D or E** – the relationship details, your (the client's) consent and the support person's consent to the relationship.

Complete one of parts C, D, and E only, according to the support relationship being created.

## How to submit this form

After completing and signing the form according to the instructions above, send it to My Aged Care:

1. Upload to your Online Account (more information on how to access your Online Account is available on the My Aged Care website at: <https://www.myagedcare.gov.au/access-your-online-account#mygov-login>) or

2. Send a digital copy via the My Aged Care online form available at:

<https://www.healthdirect.gov.au/myagedcareupload> or

3. Mail to:

My Aged Care,  
PO Box 1237,  
Runaway Bay,  
Queensland, 4216 or

4. In person by visiting a Services Australia centre where a General Service Officer can help you submit documents to My Aged Care or book an appointment with an Aged Care Specialist Officer who can upload the documents to My Aged Care. You can call Services Australia on 1800 227 475 to book a face-to-face appointment.

For authorised representatives, please make sure you have attached relevant legal documents before returning this form.

If you want to check that My Aged Care has received your form, please wait before calling (two business days for upload, six business days for mail).

## Next Steps after submitting to My Aged Care

When My Aged Care receives your completed form, they will register both you and your support person with My Aged Care if required, and call your support person if they need extra information to process the form.

Once your support arrangement has been put in place, the nominated person can call My Aged Care on **1800 200 422** to discuss your aged care assessments and services.

## Further information if you would like an organisation to support you

If you would like staff at an organisation to support you with My Aged Care, such as an advocacy organisation, you can request an organisation relationship with an organisation that has been approved by the Department of Health and Aged Care to provide assistance to My Aged Care clients.

The form to nominate a support organisation is available at:

<https://www.myagedcare.gov.au/publications/appointment-support-organisation-form>

You can view a list of the approved support organisations at:

<https://www.myagedcare.gov.au/arranging-someone-support-you>

**PART A - Aged Care Client Details (Your details)**

You must complete all fields marked with an asterisk (\*)

**Title (select one):\***☐ Mr ☐ Mrs ☐ Miss ☐ Ms☐ Dr ☐ Other **Last name\*****First name\*****Middle name****Preferred name****Gender (select one):\***☐ Male ☐ Female☐ Indeterminate/Intersex/Unspecified☐ Not Specified**Date of Birth\*****Phone Number\*****Home address Line 1\*****Home address Line 2****State/Territory\*****Postcode\*****Medicare Card # (including Individual Reference Number) or DVA card #\*****Aged Care (AC) ID (if known)****What type of support is required (select one)?\***☐ Support to make decisions (Agent)**NOTE:** This role is ending on 30 June 2025.Complete **PART B** and **PART E**☐ Make decisions about care (Representative)Go to **NEXT QUESTION****Does the client have capacity to provide consent to establish this representation (select one)?\***☐ **Yes (Regular Representative)**Complete **PART B** and **PART C**☐ **No (Authorised Representative)**Complete **PART B** and **PART D****PART B – Support Person's Details**

You must complete all fields marked with an asterisk (\*)

**Title (select one):\***☐ Mr ☐ Mrs ☐ Miss ☐ Ms☐ Dr ☐ Other **Last name\*****First name\*****Middle name****Preferred name****Gender (select one):\***☐ Male ☐ Female☐ Indeterminate/Intersex/Unspecified☐ Not Specified**Home address 1\*****Home address 2****State/Territory\*****Postcode\*****Medicare Card # (including Individual Reference Number) or DVA card # (optional)****Relationship to Client (select from the drop down menu):****Scope of Representative Authority (if Representative)<sup>1</sup>****Select from the drop down menu:**<sup>1</sup> Note: 'Care' decisions (decisions about a client's care or preferences) are the only decisions applicable to My Aged Care.

**PART C – Appointing a regular representative**

Please complete all fields if you are appointing a regular representative. A regular representative can support you and be involved in discussions regarding My Aged Care and convey decisions to My Aged Care.

**Aged Care Client's Consent and Declaration**

I consent to my nominated representative accessing my information in My Aged Care in order to act on my behalf as my representative.

**I declare that:**

- I am voluntarily appointing a representative.
- The information I have provided in this form is complete and correct.

**I authorise My Aged Care, including Commonwealth funded service providers and assessors to:**

- Collect information about me from my representative.
- Discuss my progress in My Aged Care with my representative.
- Take action in response to decisions my representative has made in consultation with me.

**I understand that:**

- This appointment is specific to interactions with My Aged Care.
- My representative may receive correspondence about me from My Aged Care.
- I can cancel this arrangement at any time by calling My Aged Care on **1800 200 422**, through my Online Account or with an Aged Care Specialist Officer.
- Giving false or misleading information is a serious offence.
- If I do not already have a record in My Aged Care, making this appointment will create one for me.

**I acknowledge that:**

By accepting this relationship, my representative will transition to a supporter role on 1 July 2025 under the Aged Care Act 2024. They will act in accordance with the duties and obligations specified under the Aged Care Act 2024. For more information, please visit [www.myagedcare.gov.au/arranging-someone-support-you/upcoming-changes-support-roles-and-relationships](http://www.myagedcare.gov.au/arranging-someone-support-you/upcoming-changes-support-roles-and-relationships).

**When will the relationship start (DD/MM/YYYY)?****When will this relationship end (DD/MM/YYYY or leave blank if no end date)?****Aged Care Client's full name****Aged Care Client's signature****Date Signed****Representative's Consent and Declaration**

I consent to represent this person in My Aged Care, and acknowledge the representative declaration below.

**I declare that:**

- Any information I provide to My Aged Care about myself or the person I represent is complete and correct.
- Any information I obtain from My Aged Care will be kept confidential and will not be disclosed to any unauthorised person without the permission of the person appointing me.
- I will consult with the person I represent before accessing any information or conveying decisions with My Aged Care.
- I will work with and consult with other representatives (if applicable) before accessing any information or conveying decisions with My Aged Care on behalf of the person I represent.
- Any action I take will be in the interests of the person I represent.

**I understand that:**

- Making this Appointment will create a record for me in My Aged Care, if I don't already have one.
- This Appointment of Representation is specific to interactions with My Aged Care.
- My personal information is collected by My Aged Care and shared with any assessors, service providers, organisations or medical professionals, that are supporting the person I represent.
- My name and telephone number will be shared with all other appointed support persons and organisations, for the purpose of enabling me to assist the person I represent in My Aged Care.
- If I am the nominated Primary Contact, I will be the first point of telephone contact for My Aged Care for the person being represented.
- I can cancel this Appointment at any time by calling My Aged Care on **1800 200 422**, through my Online Account or Portal, or with an Aged Care Specialist Officer.
- I must inform My Aged Care of any changes to my address and contact details, and changes in the circumstances of the person who has appointed me.
- Giving false or misleading information is a serious offence.
- I will receive correspondence from My Aged Care on behalf of the person I represent.

**I acknowledge that:**

By accepting this relationship, I will transition to a supporter role on 1 July 2025 under the Aged Care Act 2024. I will act in accordance with the duties and obligations specified under the Aged Care Act 2024. For more information, please visit [www.myagedcare.gov.au/arranging-someone-support-you/upcoming-changes-support-roles-and-relationships](http://www.myagedcare.gov.au/arranging-someone-support-you/upcoming-changes-support-roles-and-relationships).

**Representative's full name****Representative's signature****Date Signed**

## PART D – Appointment of an authorised representative

Please complete all fields if you have the appropriate legal and supporting documentation to act on the client's behalf and make My Aged Care decisions on their behalf.

To become an authorised representative in My Aged Care, legal documents are required to show that you have been legally authorised to make health, personal and/or lifestyle decisions for a client. If you only have financial decision-making authority, a My Aged Care authorised representative relationship cannot be established.

The legal documents needed to become an authorised representative are determined by your state or territory legislation. A guide to what documents are accepted by My Aged Care is outlined below and available on the My Aged Care website at:

<https://www.myagedcare.gov.au/legal-information/powers-attorney-enduring-powers-attorney-and-enduring-guardians>.

If your legal representation changes after you become an authorised representative or the person you are representing no longer needs an authorised representative, you must call My Aged Care on 1800 200 422 to cancel this appointment or become an agent or regular representative.

**Which of the following forms of legal authority do you hold on behalf of the person you are seeking to represent? (only select one)\***

Enduring Guardianship **and** a letter from a Medical Practitioner that states the client cannot act on their own behalf  
 Guardianship Order  
 Enduring Power of Attorney (ACT, QLD and VIC only) **and** a letter from a Medical Practitioner that states the client cannot act on their own behalf  
 Advance Health Directive (ACT and WA not included) or similar **and** a letter from Medical Practitioner that states the client cannot act on their own behalf.

Other (e.g. statutory declaration)

📎 Attach a copy of the relevant authorisation(s).

*Note: The document must state that you have been legally authorised to make health, personal and/or lifestyle decisions for someone.*

**When will the relationship start (DD/MM/YYYY)?**

**When will this relationship end (DD/MM/YYYY or leave blank if no end date)?**

### Representative's Consent and Declaration

I consent to represent this person in My Aged Care, and acknowledge the representative declaration below.

#### I declare that:

- Any information I provide to My Aged Care about myself or the person I represent is complete and correct.
- Any information I obtain from My Aged Care will be kept confidential and will not be disclosed to any unauthorised person.
- I will act in accordance with the conditions contained within the legal documentation that outlines the legal authority with respect to the person I represent.
- I will work and consult with other representatives (if applicable) of the represented person and any decisions I make on behalf of the person I represent will be in their interests.

I understand that:

- Making this appointment will create a record for me and the person I am representing in My Aged Care, if either I or the person I am representing don't already have one.
- This Appointment of Representation is specific to interactions with My Aged Care.
- My personal information is collected by My Aged Care and shared with any assessors, service providers, organisations or medical professionals, that are supporting the person I represent.
- My name and telephone number will be shared with all other appointed support persons and organisations, for the purpose of enabling me to assist the person I represent in My Aged Care.
- If I am the nominated Primary Contact, I will be the first point of telephone contact for My Aged Care for the person I represent.
- I can cancel this appointment at any time by calling My Aged Care on **1800 200 422**, through my Online Account or Portal, or with an Aged Care Specialist Officer.
- I must inform My Aged Care of any changes to my or the represented person's address and contact details.
- I must inform My Aged Care if I am no longer a legal representative for the person represented.
- Giving false or misleading information is a serious offence.
- I will receive correspondence from My Aged Care on behalf of the person I represent.

#### I acknowledge that:

By accepting this relationship, I will transition to a supporter role on 1 July 2025 under the Aged Care Act 2024. I will act in accordance with the duties and obligations specified under the Aged Care Act 2024 as well as the legal instrument under the state or territory arrangements relied upon to create this relationship. For more information, please visit

**[www.myagedcare.gov.au/arranging-someone-support-you/upcoming-changes-support-roles-and-relationships](https://www.myagedcare.gov.au/arranging-someone-support-you/upcoming-changes-support-roles-and-relationships).**

**Representative's full name**

**Representative's signature**

**Date Signed**



## PART E – Appointing an agent

Please complete all fields if you are appointing an agent. An agent can support you, be involved in discussions with you, but can't make decisions for you regarding My Aged Care.

### Aged Care Client Consent and Declaration

I consent to my nominated agent accessing my information in My Aged Care in order to assist me to make decisions as my agent.

#### I declare that:

- I am voluntarily appointing an agent.
- The information I have provided in this form is complete and correct.

#### I authorise My Aged Care, including Commonwealth funded service providers and assessors to:

- Collect information about me from my agent.
- Discuss my progress in My Aged Care with my agent.

#### I understand that:

- This appointment is specific to interactions with My Aged Care.
- My agent may receive correspondence about me from My Aged Care.
- I can cancel this arrangement at any time by calling My Aged Care on **1800 200 422**, through my Online Account or with an Aged Care Specialist Officer.
- Giving false or misleading information is a serious offence.
- If I do not already have a record in My Aged Care, making this appointment will create one for me.

#### When will the relationship start (DD/MM/YYYY)?

#### When will this relationship end (DD/MM/YYYY or leave blank if no end date)?

**NOTE:** This role is ending on 30 June 2025 and all relationships of this type will be ended at that time.

#### Aged Care Client's full name

#### Aged Care Client's signature

#### Date Signed

### Agent's Consent and Declaration

I consent to accessing this person's information in My Aged Care in order to assist them as their agent, and acknowledge the agent declaration below.

#### I declare that:

- Any information I provide to My Aged Care about myself or the person I assist is complete and correct.
- Any information I obtain from My Aged Care will be kept confidential and will not be disclosed to any unauthorised person without the permission of the person making this appointment.

#### I understand that:

- Making this appointment will create a record for me in My Aged Care, if I don't already have one.
- This appointment is specific to interactions with My Aged Care.
- My personal information is collected by My Aged Care and shared with any assessors, service providers, organisations or medical professionals, that are supporting the person I am assisting.
- My name and telephone number will be shared with all other appointed support persons and organisations, for the purpose of enabling me to assist the person in My Aged Care.
- I do not have consent to make or convey decisions on behalf of the person I am assisting in this relationship.
- If I am the nominated Primary Contact, I will be the first point of telephone contact for My Aged Care for the person being assisted.
- I can cancel this Appointment at any time by calling My Aged Care on **1800 200 422**, through my Online Account or Portal, or with an Aged Care Specialist Officer.
- I must inform My Aged Care of any changes to my address and contact details, and changes in the circumstances of the person who has appointed me.
- Giving false or misleading information is a serious offence.
- I may receive correspondence from My Aged Care on behalf of the person I am assisting.

#### Agent's name

#### Agent's organisation name

#### Agent's signature

#### Date signed

## Actions available to a support person in My Aged Care

A nominated support person can:	Regular Representative	Authorised Representative	Agent
Give information to My Aged Care including talking to assessors, the My Aged Care contact centre and service providers	✓	✓	✓
Request information about the your progress in My Aged Care	✓	✓	✓
Submit an 'Apply for Assessment Online' on your behalf	✓	✓	✓
Access <b>client record information except assessment detail*</b> through the contact centre or in the My Aged Care Online Account via myGov	✗	✗	✓
Only able to update your <b>contact and service preference information^</b> through the My Aged Care contact centre or the My Aged Care Online Account	✗	✗	✓
Access all <b>client record information including assessment detail</b> through the contact centre or in the My Aged Care Online Account via myGov	✓	✓	✗
<b>Update all your information</b> through the contact centre or in the My Aged Care Online Account via myGov	✓	✓	✗
Be nominated as your first contact point for My Aged Care phone calls (Primary Contact)	✓	✓	✓
Receive email notifications and copies of correspondence, for example, Home Care Package letters	✓	✓	✓
Upload documents on your behalf within My Aged Care	✓	✓	✓
Provide consent and convey decisions to My Aged Care on your behalf, with your consent e.g. to commence screening, generate a referral code, request a support plan review	✓	✓	✗
Make decisions on the your behalf and provide consent to commence an aged care assessment (and complete the My Aged Care assessment consent form), support plan review and send referrals for aged care services	✗	✓	✗

\*Agents can view most information in your record (current care approvals, current services and service recommendations, people associated with the care plan, review history, and reablement and linking support history), but cannot view or print your assessment history.

^Agents can edit your contact details (phone, address, primary contact), generate a referral code, and set your seeking services preference to 'Yes'. They cannot set your seeking services preference to 'No' or decline a home care package.