

SCHEDULE B

Consent Form for Consideration of Appointment as Substitute Decision Maker

I/We, _____
[name(s) of proposed substitute decision maker(s)]

do hereby consent to my/our appointment as substitute decision maker(s) for

[name of person for whom substitute decision maker is requested]

in respect of whom decision-making power is sought in the areas of

- personal care
- property

I/We understand that my/our appointment as a substitute decision maker is conditional upon the results of a Criminal Record Check (including the Vulnerable Sector Search), a Child Abuse Registry Check and an Adult Abuse Registry Check and agree to apply for these checks and to submit these records to the Vulnerable Persons' Commissioner.

I/We understand that my/our appointment will require me/us to comply with the duties of a substitute decision maker as set out in *The Vulnerable Persons Living with a Mental Disability Act* and any terms and conditions as directed by the Vulnerable Persons' Commissioner.

I/We further understand that as a substitute decision maker for property I/we will be required to file within six months of my/our appointment a true inventory and account of the vulnerable person's property, debts and liabilities which would be under my/our power, and yearly thereafter, an annual accounting of the property, debts, liabilities, receipts and disbursements of the vulnerable person, unless I am/we are directed otherwise by the Vulnerable Persons' Commissioner.

I/We further understand that as a substitute decision maker for property I/we may be required to provide a bond or other security which would be equal to the amount of the sworn value of the property under my/our power as the substitute decision maker(s), as directed by the Vulnerable Persons' Commissioner.

*Signature of proposed substitute decision maker

Date

*Signature of proposed substitute decision maker

Date

* Not required for The Public Trustee