

# **APPOINTING A REPRESENTATIVE**

## **to make organ donation decisions on your behalf**

This form allows you to appoint a Representative to make organ donation decisions on your behalf should you die in circumstances in which you could become an organ donor.

You can record up to two Appointed Representatives on the NHS Organ Donor Register.

If you choose to record two Representatives their views will have equal status.

This means the order in which you record them below does not matter, both of their views will be equally valid.

However, unless the appointment provides that they are appointed to act only jointly, the default position is that the Appointed Representatives can make the decision jointly or separately. This means that they do not have to agree, so one can give consent regardless of what the other representative decides.

### **Organ Donation decisions need to be taken quickly.**

This means it is important to give us phone numbers, especially mobile numbers, and that these details are kept up to date.

Your details and the details of your Representative will only be recorded on the Register once this form is received and verified by NHSBT.

*Please note that legally NHSBT need authorisation from the Representative to store their details on the Register, and for this appointment to be binding it needs to be witnessed by an independent person.*

This means for this form to be correctly filled in you will need the signatures of:

the Appointer

any Representatives

and a Witness.

**If any of these signatures are not present on the form when returned, NHSBT will not be able to record your Appointed Representatives.**

**To act as an Appointed Representative you must be over the age of 18.**

**Please return the completed form to:**

**ODR Team  
NHS Blood and Transplant  
Fox Den Road  
Stoke Gifford  
BS34 8RR**

If you need any help or advice when filling in this form you can contact us by emailing [odr@uktransplant.nhs.uk](mailto:odr@uktransplant.nhs.uk) or calling 0117 975 7553.

**YOUR DETAILS - APPOINTER**

Section 1

SURNAME: \_\_\_\_\_ FORENAME/S: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ DATE OF BIRTH:        
 POSTCODE: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 MOBILE: \_\_\_\_\_

I would like to appoint the Person/People named below to act as my Appointed Representative in relation to organ donation. I understand that they will make any decisions relating to organ donation on my behalf. I understand that in the event I could become an organ donor details of my medical history may need to be shared with them to help them make a decision. I also understand that Appointed Representatives are not recognised in Scottish law so if I were to die in Scotland my family would be asked to consent instead of my Representative.

*I would like my Appointed Representatives to act only jointly when making the decision about organ donation (this means that they must come to an agreed decision)*

Please tick to confirm

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**REPRESENTATIVE/S DETAILS**

Section 2

**REPRESENTATIVE A**

SURNAME: \_\_\_\_\_ FORENAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ DATE OF BIRTH:        
 POSTCODE: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 MOBILE: \_\_\_\_\_

By signing below I confirm I am happy to act as an Appointed Representative with regards to deceased organ donation for the person named under Section 1 on this form. I confirm that I am over 18. I agree to my information being held by NHS Blood and Transplant on the NHS Organ Donor Register for this purpose. I understand that this appointment is not valid under Scottish law.

Signature of Representative A: \_\_\_\_\_

Date: \_\_\_\_\_

## REPRESENTATIVE/S DETAILS

Section 2

**REPRESENTATIVE B**

SURNAME: \_\_\_\_\_ FORENAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_

\_\_\_\_\_

POSTCODE: \_\_\_\_\_ DATE OF BIRTH:

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MOBILE: \_\_\_\_\_

By signing below I confirm I am happy to act as an Appointed Representative with regards to deceased organ donation for the person named under Section 1 on this form. I confirm that I am over 18. I agree to my information being held by NHS Blood and Transplant on the NHS Organ Donor Register for this purpose. I understand that this appointment is not valid under Scottish law.

Signature of Representative B:

Date:

## WITNESS DETAILS

Section 3

***This appointment must be witnessed by an independent party. This means the witness below cannot be one of the Appointed Representatives or the Appointer.***

SURNAME: \_\_\_\_\_ FORENAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_

\_\_\_\_\_

POSTCODE: \_\_\_\_\_ DATE OF BIRTH:

**Witness statement**

I confirm I witnessed the signing of this document and that:

- The signature in Section 1 is that of the person appointing a Representative;
- The signature listed in the section for Representative A is that of Representative A, and
- The signature listed in the section for Representative B is that of Representative B [cross this bullet point out if there is no representative B].

Signature of witness:

Date: