Submit a First Request Form

VAD-IMS Quick Reference Guide

- This guide is for practitioners who do not have a VAD-IMS account.
 If you have a VAD-IMS account, please see the User Guide.
- The First Request Form is used after you receive a formal First Request for voluntary assisted dying.
- More information about receiving a First Request can be found on the Department of Health's <u>Voluntary Assisted Dying First Request website</u>.
 Step 1 Finding the Form

Go to the VAD-IMS homepage at https://vad-ims.health.wa.gov.au Click on the First Request Form button.	When the place of the place of the order of th
The First Request Form landing page will open. Read the guidance on the page.	<section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header>
 Select No to the question Do you already have access to VAD-IMS? Click on the Begin First Request Form button. 	Step 1 - Complete the First Request Form Do you already hum excess to VAD-IMS? Yes No 1 Begin First Request Form 2

The First Request Form will open.

Step 2 – Filling in the form	
Step 2 – Filling in the form Begin filling in the First Request Form. Note: A red asterisk (*) indicates that a field is mandatory. This means it must be completed to successfully submit the form.	Variation A solided Driping Based First Request Form Comparison of the ended practitions requires and provide the solution of solutions planting in the solution of planting in
When you start typing an address into any address field within the form, VAD- IMS will automatically look this up. You can automatically populate the address fields by clicking on the correct address from the list that appears. If the correct address isn't found, you can manually enter it.	Home address (line 1) * 35 355 Scarborough Beach Road Osborne Park WA, Australia 35 Jabe Street Northbridge WA, Australia 35 Stilling Hwy Crewley WA, Australia 35 Stilling They Crewley WA, Australia 35 Stilling They Crewley WA, Australia 35 Wellington Street East Perth WA, Australia 35 Wellington Street East Perth WA, Australia 90wered by Coogle Postcode *
Click the Next button at the bottom of each page to continue. Note: If you can't complete the form in the one session, you can download the partially filled in form by clicking the link (see red arrow) at the bottom of each page. You will then need to complete and sign the form by hand and submit it via the <u>Upload a signed form</u> page on VAD-IMS. See the <u>Upload a signed form</u> Quick Reference Guide for more information. If you are unable to upload online you can fax the completed form to (08) 9222 0399.	In the phone Telephone number * Imail address Imail address Imail address If you can't complete the Form now, you can download the partially filled in form to complete by hand later. You can then submit the form by either: Saming the completed and signed Form and uploading it via the VAD-IMS hormepage; Faxing the completed Form to (08) 9222 0399.

As you progress, parts of the form that	A Person/Patient information
are incomplete will be indicated in the	1. Complete
form navigation.	C Communication
1 Filled blue circles indicate completed	2. Incomplete
narts	
parts.	E Signature of medical practitioner
2. Unfilled circles indicate incomplete	Submission
parts.	Appendices
	A Practitioner elioibility criteria
If you haven't completed all mandatory fields before reaching the Submission page, you will be prompted to do so. Clicking on the links in the message will take you to that part of the form so you can edit it.	Voluntary Assisted Dying Board First Request Form Are you ready to submit? Please correct the following before submitting: Please c
Step 3 – Submitting the form	
 First you will submit the digital data and then you will need to upload a copy of the form you have physically signed. Click Submit and then Sign button. 	Signature of medical practitioner Signature Image: Signature
Once you have completed all the mandatory form fields, a reCAPTCHA prompt will appear.	Submit and them Sign Previous Confirm your submission of digital information already entered You will be able to download print and sign on the next page
2. Check the I am not a robot box and complete any required reCAPTCHA Tasks.	2. I'm not a robot recurrosa Preservices Back Back
 You will then be able to click the Confirm and Next Step button. 	
You will then be walked through how to finalise submission of your form to the VAD Board.	

Click the Download the form button. This will download a PDF version of your completed form. Note: The form will be downloaded as a .zip file. The main body of the form will be in a separate PDF to the Appendix.	Download and print the completed form, but keep this page open. Download the form 2 Sign and scan the printed form. 3 Upload the signed and scanned forms. Upload the scanned form
Print the Form, and complete part E . Signature of medical practitioner , including the signature and print name fields (and date field if required).	E. Signature of medical practitioner Signature J.B. Blogge Print name J.oc Bloggs Within 2 business days of making the decision to accept or refuse the First Request you must: complete this form give a copy to the Voluntary Assisted Dying Board You must record the following details in the patient's medical record: The First Request Your decision to accept or refuse the First Request If your decision is to refuse the First Request Whether you have given the parson the information referred to in section 20(4)(b) of the Voluntary Assisted Dying Act 2019.
Scan the entire completed Form (not just the signature page). Click the Upload the scanned form button.	 Download and print the completed form, but keep this page open. Download the form Sign and scan the printed form. Upload the signed and scanned forms. Upload the scanned form
The Upload a signed form page will open. Some fields will already be filled based on information you entered in the form. This includes the Form type, Patient's full name and Form ID fields (see red arrows). Check the I am not a robot box and complete any required reCAPTCHA tasks.	<section-header></section-header>
Click on the Add new file area that appears. This will open your computer's file explorer. Navigate to and select the file of the signed and scanned Form.	Upload Attach signed form * So Add new file Atlowed file spes : doe docs off its viss jog peg stif prog Max file size : 10 MB Upload form

The file will be added. Note: More information and options for the added file can be seen by clicking the chevron symbol () next to the file name. From here you can replace or delete the file if needed. Click Upload form to complete process of submitting the Form to the VAD Board.	Upload Attach signed form * Signed First Requestings Version history Version 1 (current version) Created by 3:47PM Mar 30, 2021 Reglace file Delete Delete Allowed file types : doc docx pdf xis xis: jpg jpeg tiff png Mar file size : 10 MB Upload form
 A confirmation screen will open. Read the Next steps guidance carefully. The content will depend on whether you have accepted or refused the First Request. 	The First Request Form has been submitted to the Voluntary Assisted Dying Board The First Request Form has been submitted to the Voluntary Assisted Dying Board Next steps By accepting this First Request, you are now the Coordinating Practitioner for this person. You must have successfully completed the Approved Training within the last 3 years prior to starting the First Assessment. As part of the First Assessment, if you are unable to make a determination yourself you must refer the patient to a registered health practitioner or another person, as the case requires, who has appropriate skills and training to make a determination to the matter. That registered health practitioner or other person must not be:
 You can download a pdf receipt of submission for your records by clicking the Download the receipt button. If you have returned the form by fax you will be sent a confirmation of receipt by the Secretariat. 	 a. family member of the patient, or b. know or believe that they i. are a beneficiary under a will of the patient, or ii. may otherwise benefit financially or in any other material way from the death of the patient, other than by receiving reasonable fees for the provision of services in connection with the referral. Form Name: First Request Date of submission: 10-13AM on 07/04/2021. Submitted by: Patient to D8: Patient to D8: Patient Reference #: 594944 First Request Reference #: 594942 Episode Reference #: 884912

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