TASCAT
TASMANIAN CIVIL & ADMINISTRATIVE TRIBUNAL

Application for Guardianship & Administration

Name of person about whom you are applying: .....

Notice to applicant

The person will be provided with a copy of this application and notified of a hearing pursuance to the *Guardianship and Administration Act 1995*.

Has the person made an enduring Power of Attorney or appointed an Enduring Guardian?

☐ No – proceed to complete this application.

☐ Yes – this is the incorrect application form. Please contact the Regstry for advice. **You may need to complete an application for Review of an Enduring Power of Attorney, or an application for Review of an Enduring Guardianship, where an attorney and/or enduring guardian has been appointed.**

What is an administrator?

An administrator manages the estate or finances of a person with a disability where that person's disability impairs his or her ability to make reasonable judgments. An administrator may ensure that the person's accounts are paid, protect the person's assets and make any financial decisions that the person could make if he or she had capacity to do so. An administrator cannot make decisions about personal matters such as accommodation or health care, which is the role of a guardian.

Further information available in Fact Sheet - Administration

What is a guardian?

A guardian can make personal decisions on behalf of a person where that person's disability impairs his or her ability to make reasonable judgments. The decisions of a guardian may be about personal matters, such as decisions about the person's health care and accommodation, restrictions on visitors or provision of services. A guardian cannot make decisions about financial matters, which is the role of an administrator.

Further information available in Fact Sheet - Guardianship

Please provide

as much information as you can for each of the questions in this application form. Providing insufficient information may delay the processing of this application. If you need more space to answer questions in this application, attach as many extra pages as you need. You may also attach copies of any relevant reports or documents.

If you need further information, please phone:
1800 657 500

Email: guardianship@tascat.tas.gov.au
Or visit our website at:
www.tascat.tas.gov.au

Office Use:

CMS:

EG:

EPA:

MN:

Guardianship and Administration Protective Division - Guardianship Stream

TASCAT
TASMANIAN CIVIL & ADMINISTRATIVE TRIBUNAL

1. Who is the application about:

Title: ..... Surname: .....

Given Names: .....

(this form refers to this person as "the person" in all questions.)

Date of birth: .....

Other names this person may be known by: .....

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Where does the person usually live: .....

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..... Post Code: .....

Where is the person currently located (if different from above) .....

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..... Post Code: .....

What is the person's mailing address (if different from above) .....

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..... Post Code: .....

Telephone: .....

Email: .....

2. Who is making the application:

Organisation: .....

Title: ..... Surname: .....

Given Names: .....

Address: .....

..... Postcode:.....

Telephone: .....

Email: .....

What is your relationship to the person? (e.g. spouse, child, parent, case manager)

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3. Does the person have a disability?

3.1 What is the nature of the person's disability? (please specify diagnosis if known, e.g. dementia, schizophrenia, acquired brain injury, intellectual disability):

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A **Health Care Professional Report** should accompany this application. The Tribunal requires the **Health Care Professional Report** as evidence of the person's disability and capacity to make decisions. This application will be returned if the **Health Care Professional Report**, or a statement detailing the reasons why the report cannot be provided, is not attached.

☐ **Health Care Professional Report** attached

4. Why does the person need a guardian?

4.1 What concerns have motivated you to apply for the appointment of a guardian?

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4.2 Why do you believe that the person needs a guardian? (e.g. are there difficulties regarding the person's health care, accommodation, visitors)

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4.3 Have alternatives, less restrictive than guardianship, been considered as a mean to address the concerns that motivated this application? Describe with reference to why those methods would not be sufficient.

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5. Why does the person need an administrator?

5.1 What concerns have motivated you to apply for the appointment of administrator:

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5.2 Why do you believe that the person needs an administrator? (e.g. are there difficulties regarding the person's payment of debts, management of accounts, and protection of assets?):

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5.3 Have alternatives, less restrictive than administration, been considered as a mean to address the concerns that motivated this application? Describe with reference to why those methods would not be sufficient:

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6. What are the person's wishes?

6.1 have you told the person that you are making this application?

☐ Yes. Date: ....

☐ No. Why not: ....

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6.2 What views has the person expressed about this application:

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6.3 What are the wishes of the person with respect to the concerns that motivated this application (refer questions 4.1 and 5.1)?

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7. Who do you propose for appointment as a guardian for the person?

☐ The Public Guardian – go to question 8.

☐ Myself (the Applicant) – go to question 7.1

☐ Another person – complete this section.

Title: ..... Surname: .....

Given Names: .....

Address: .....

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Postcode: .....

Telephone: .....

Email: .....

Relationship to the person: .....

7.1 Why is the proposed guardian suitable for appointment as the person's guardian?

(e.g. capacity to act in the best interests of the person, compatibility with the person and the person's administrator, preservation of family relationships)

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7.2 Is the proposed guardian in a position where his or her interests may conflict with the interests of the person?

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7.3 Will the proposed guardian be available and accessible to fulfil the requirements of guardianship?

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Declaration by the proposed guardian:

I consent to appointment should the Tribunal appointment me as the guardian for the person.

I agree to undertaken my duties in accordance with the requirements of the *Guardianship & Administration Act 1995*.

I understand I will be required to attend a hearing before the Tribunal to enable the Tribunal to assess my suitability as a guardian.

I will obtain a National Police Record Check*, at my own expense, prior to the notified hearing date.

Signed: .....

Dated: .....

* You may obtain a National Police Record Check by attending your local Police Station.

8. Who do you propose for appointment as an administrator for the person?

☐ The Public Trustee – go to question 9.

☐ TPT Wealth – go to question 9.

☐ The Public Guardian – go to question 9.

☐ Myself (the Applicant) – go to question 8.1

☐ Another person – complete this section.

Title: ..... Surname: .....

Given Names: .....

Address: .....

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Postcode: .....

Telephone: .....

Email: .....

Relationship to the person: .....

8.1 Why is the proposed administrator suitable for appointment as the person's administrator? (e.g. the capacity to act in the best interests of the person, compatibility with the person and the person's guardian, personal or professional expertise.)

You may attach a CV of the proposed administrators relevant experience.

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8.2 Is the proposed administrator in a position where his or her interests may conflict with the interests of the person?

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Declaration by the proposed administrator:

I consent to appointment should the Tribunal appoint me as the administrator for the person.

I agree to undertake my duties in accordance with the requirements in the *Guardianship & Administration Act 1995*.

I understand that I will be required to attend a hearing of the Tribunal to enable the Tribunal to assess my suitability as an administrator.

I will obtain a National Police Record Check*, at my own expense, prior to the notified hearing date.

I am not and have not been a bankrupt and I have not applied to take the benefit of a law for the relief of bankruptcy or insolvent debtors and have not compounded with creditors or made an assignment of income for their benefit under any Commonwealth, State or Territory law of Australia or any other country.

Signed: .....

Dated: .....

* You may obtain a National Police Record Check by attending your local Police Station or online.

9. Evidence to support the application:

9.1 Who is the person's close relative or significant other?

Title: ..... Surname: .....

Given Names: .....

*Address: .....

..... Postcode:.....

Telephone: .....

*Email: .....

Relationship to the person: .....

9.2 Are there other persons who are concerned for the welfare of the person? (please name all relevant persons, including persons who do not agree with you or this application.) If you require more space, please attach an additional piece of paper.

Person 1

Title: ..... Surname: .....

Given Names: .....

*Address: .....

..... Postcode:.....

Telephone: .....

*Email: .....

Relationship to the person: .....

Person 2

Title: ..... Surname: .....

Given Names: .....

*Address: .....

..... Postcode:.....

Telephone: .....

*Email: .....

Relationship to the person: .....

Person 3

Title: ..... Surname: .....

Given Names: .....

*Address: .....

..... Postcode:.....

Telephone: .....

*Email: .....

Relationship to the person: .....

Person 4

Title: ..... Surname: .....

Given Names: .....

*Address: .....

..... Postcode:.....

Telephone: .....

*Email: .....

Relationship to the person: .....

Person 5

Title: ..... Surname: .....

Given Names: .....

*Address: .....

..... Postcode:.....

Telephone: .....

*Email: .....

Relationship to the person: .....

***It is important you ensure a postal and/or email address is entered for all persons listed on this page.**

9.3 Has the person been assessed by an Aged Care Assessment Team?

☐ Yes.

☐ No.

9.4 Has the person made a will?

☐ No.

☐ Unsure.

☐ Yes – please give details of the person or organisation who holds the will.

Title: ..... Surname: .....

Given Names: .....

Address: .....

..... Postcode:.....

Telephone: .....

Email: .....

Relationship to the person: .....

9.5 Has the person registered an enduring guardianship?

☐ No.

☐ Unsure.

☐ Yes – please provide details.

Guardian:

Title: ..... Surname: .....

Given Names: .....

Address: .....

..... Postcode:.....

Telephone: .....

Email: .....

(If more than one guardian, please attach an additional piece of paper.)

Date guardian appointed: .....

9.6 Has the person registered an Enduring Power of Attorney (EPA)?

☐ No.

☐ Unsure.

☐ Yes – please provide details about the EPA.

Attorney:

Title: ..... Surname: .....

Given Names: .....

Address: .....

..... Postcode:.....

Telephone: .....

Email: .....

(If more than one attorney, please attach an additional piece of paper.)

Date EPA was appointed: .....

9.7 Has the person made an Advance Care Directive (ACD)?

☐ No.

☐ Unsure.

☐ Yes – please provide details about the ACD

Advance Care Directive:

If yes, who is the authorised decision maker?

Title: ..... Surname: .....

Given Names: .....

Address: .....

..... Postcode:.....

Telephone: .....

Email: .....

Relationship to the person: .....

Date of ACD: .....

Registration number (if registered): .....

10. Financial details of the person?

Source of income *(e.g. salary, Centrelink, DVA, superannuation etc)*

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Estimated fortnightly income:

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Estimated savings or investments *(including superannuation. Please provide names of financial institutions where known):*

Institution:	Amount:
1.	.....
2.	.....
3.	.....
4.	.....
5.	.....

Real Estate: *(please provide addresses)*

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Other assets: *(vehicles, shares or interest in a business etc)*

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Estimated fortnightly expenses *(e.g. rent, board, Aged Care fees, utilities etc)*

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Estimated liabilities: *(credit card debt, mortgage, outstanding accounts, maintenance of dependents etc)*

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11. Arrangements for the hearing:

The person must attend the hearing unless there are exceptional circumstances. You will need to organise arrangements for the person to attend the hearing.

11.1 Can the person you are applying about attend the hearing?

☐ Yes, go to question 11.2.

☐ No, please state the exceptional circumstances preventing the person you are applying about from attending:

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11.2 Are there any dates in the next 6 weeks where you are unable to attend a hearing?

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11.3 Does any person who may attend the hearing require an interpreter or other assistance with communication?

☐ No, go to question 11.4.

☐ Yes – please complete this section.

Name: .....

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Type of assistance required:

☐ Interpreter language / dialect.

☐ Other – please specify:

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11.4 Does anyone attending the hearing have concerns about their personal safety?

☐ No, go to question 12.

☐ Yes, please tell us who has concerns about their personal safety at the hearing and why:

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All applicants must sign this declaration.

12. Compulsory declaration by applicant.

Having read through this completed application:

☐ I consider that, to the best of my knowledge, all of the information is true and accurate.

☐ I have not intentionally left out important information or the names of people who are likely to have a legitimate interest in the application.

☐ I understand that it is an offence to make a false or misleading statement in an application.

Name: .....

Signed: .....

Dated: .....

Information about lodging the application

Before you lodge this form, make sure you have:-

☐ Obtained the declaration in questions 7 and 8 signed and dated (if required).

☐ Signed and dated the declaration in question 12.

☐ Attached Health Care Professional Report

☐ Attached other relevant documents, e.g. copy of EPA.

How to lodge the application:-

You can lodge the completed application form, Health Care Professional Report and attachments by:-

- Delivering it in person to:-
  38 Barrack Street
  Hobart

OR

- Mailing it to:-
  TASCAT
  Guardianship Stream
  GPO Box 1311
  HOBART TAS 7001

OR

- Emailing it to:-
  guardianship@tascat.tas.gov.au

What happens next?

When the application is received, the Tribunal's staff:-

- Will write to you acknowledging receipt of the application;
- May contact you by telephone or mail to obtain more information (if necessary);
- Will release the application and the documents provided to parties relevant to the application; and
- Will schedule a hearing for the application and will write to you and all other interested parties letting you and them know when and where the hearing will take place.