

Guardian’s Report to the Tribunal ***Guardianship and Administration Act 1995***

TASCAT Reference

I. Guardian’s Details

Title	<input style="width: 75px; height: 20px;" type="text"/>	Surname	<input style="width: 95%; height: 20px;" type="text"/>	
Given name/s	<input style="width: 95%; height: 25px;" type="text"/>			
Relationship to Represented Person i.e. spouse, father, sister, friend	<input style="width: 95%; height: 25px;" type="text"/>			
Current postal address of administrator	<input style="width: 95%; height: 25px;" type="text"/>			Postcode
	<input style="width: 95%; height: 25px;" type="text"/>			
Telephone	<input style="width: 150px; height: 25px;" type="text"/>	Mobile	<input style="width: 350px; height: 25px;" type="text"/>	
Email	<input style="width: 95%; height: 25px;" type="text"/>			
Preferred method of contact	<input style="width: 95%; height: 25px;" type="text"/>			

2. Details of Represented Person subject to a current Guardianship Order

Title	<input style="width: 75px; height: 20px;" type="text"/>	Surname	<input style="width: 95%; height: 20px;" type="text"/>	
Given name/s	<input style="width: 95%; height: 25px;" type="text"/>			
Date of birth	<input style="width: 95%; height: 25px;" type="text"/>			
Current residential address	<input style="width: 95%; height: 25px;" type="text"/>			Postcode
	<input style="width: 95%; height: 25px;" type="text"/>			

3. Interaction with the Represented Person

(a) How do you usually interact with the Represented Person? For example, in person, by telephone, email or other.

(b) How often have you interacted with the Represented Person in the reporting period? For example, daily, weekly, monthly etc.

4. Has there been any significant disagreement or any difficulty in making decisions for the Represented Person as their guardian:

- No Yes – If yes, please provide details

5. Has there been any change in the Represented Person’s disability or capacity to make reasonable judgements about his or her person or circumstances?

- No Yes – If yes, please provide details

6. Do you believe that the Represented Person still needs a guardian?

- No Yes – If yes, please provide details on their current and foreseeable needs for a guardian?

POWERS YOU HAVE AS A GUARDIAN

Please refer to the current guardianship order for details of the powers you have as the guardian

Accommodation

7. Does the Order include a power to decide where the Represented Person should live, permanently or temporarily?

- No – If no, go to question 10 Yes – If yes, please go to question 8

8. Have you made any decisions about where the Represented Person should live, in the reporting period?

- No Yes – If yes, please provide details of your decision below

9. Did you consult with the Represented Person about the decision/s made about where they should live?

- No – If no, explain why not? Yes – If yes, please describe their wishes and how you took these into account

10. Are there any current decisions about where the Represented Person should live that still need to be made?

- No Yes – If yes, please provide details below

RESTRICTIVE PRACTICES

11. Does the Order include a restrictive practice power?

- No Yes

12. Have you consented to the use of any restrictive practices in relation to the Represented Person in the reporting period?

- No – If no, go to question 14 Yes – If yes, please provide details as to what practices are being used to, restrict the rights or freedom of movement of the Represented Person? Such practices may include, physical restraint; environmental restraint; chemical restraint; mechanical restraint; and seclusion.

13. Did you consult with the Represented Person about the decision made in relation to any proposal to use a restrictive practice?

- No – If no, explain why not? Yes – If yes, please describe their wishes and how you took these into account

MEDICAL TREATMENT

14. Does the Order include a medical and/or dental treatment power?

- Yes – If yes, please go to question 15
- No – If no, have you made any medical and/or dental treatment decisions for the Represented Person as ‘Person Responsible’?
- No Yes

15. Have you consented to any medical and/or dental treatment for the Represented Person in the reporting period?

Medical treatment includes any medical or surgical procedure, operation or examination and any prophylactic, palliative or rehabilitative care normally carried out by, or under, the supervision of a medical practitioner. Dental treatment includes any dental procedure, operation or examination normally carried out by or under the supervision of a dentist.

- No Yes – If yes, please provide details below

16. Did you consult with the Represented Person about the decision/s made in relation to medical and/or dental treatment?

- No Yes – If yes, please provide details on their wishes and how you took these into account

Please provide details of any health care professional (medical practitioner or psychiatrist) currently treating the Represented Person.

Name

Professional Relationship (e.g. GP)

Address

Telephone Email

Name

Professional Relationship (e.g. GP)

Address

Telephone Email

HEALTH CARE

17. Does the Order include a health care power?

- No – If no, go to question 21 Yes – If yes, please go to question 18

18. Have you consented to any health care or health care services for the Represented Person since the guardianship order was made? (Healthcare relates to allied health services such as podiatry, dietetics, psychology, occupational therapy, physiotherapy etc.)

- No Yes – If yes, please provide details

19. Did you consult with the Represented Person about the decision/s made in relation to any health care or health care services?

- No – If no, why not? Yes – If yes, please describe their wishes and how you took these into account

20. Are there any current decisions about the Represented Person's health care that still need to be made?

- No Yes – If yes, please provide details below

NDIS POWER

21. Does your Order include a power to advocate on the Represented Person's behalf and make any decisions required in respect of any NDIS plan development, plan implementation and/or plan review?

- No Yes

22. Have you signed off on an NDIS plan?

- No – If no, go to question 25 Yes – If yes, when is it to be reviewed?

23. Were there any changes in relation to the Represented Person's NDIS plan in the reporting period?

- No Yes – If yes, what were they about?

24. Did you consult with the Represented Person in relation to the decisions made about their NDIS or service delivery?

- No – if no, why not? Yes – If yes, please describe their wishes and how you took these into account

25. Please provide the contact details of any case manager and/or coordinator of supports for the Represented Person.

Name

Professional Relationship (e.g. GP)

Address

Telephone Email

SERVICES POWER

26. Does your Order include a services power?

- No Yes

27. Have you consented to any changes to community or support services the Represented Person receives, including starting a new service, (e.g. meals on wheels etc.) in the reporting period?

- No – If no, go to question 30 Yes – If yes, please provide details below

28. What services are currently being provided to the Represented Person?

29. Did you consult with the Represented Person in relation to the decisions made about support services?

No – If no, why not?

Yes – If yes, please describe their wishes and how you took these into account

30. Are there any current decisions about the Represented Person's services that still need to be made?

No

Yes – If yes, please provide details below

RESTRICTIONS OF VISITORS

31. Does the Order include a restriction of visitor's power?

No

Yes

32. Have you made any decisions about restricting visitors to the Represented Person?

No – If no, go to question 34

Yes – If yes, please provide details below

33. Did you consult with the Represented Person about any decision/s made to restrict visitor/s?

No – if no, why not?

Yes – If yes, please provide details below

34. Are there any current decisions about restrictions of visitors that need to be made?

- No Yes – If yes, please provide details below

OTHER

35. Do you have any other decision making powers?

- No – If no, go to question 37 Yes – If yes, please go to question 36

36. Please provide details of the power/s and decisions made under these power/s.

37. Do you require any additional powers to those already contained in the guardianship order?

- No Yes – If yes, please provide details of what power/s you require and why

38. Please detail below any other relevant information or submission you would like to make to the Tribunal.

Thank you for taking the time to provide this information.

Please sign and return the completed Report to the address below:

Signed by Guardian

Name of Guardian

Date

Tasmanian Civil and Administrative Tribunal
GPO Box 1311, Hobart TAS 7001
38 Barrack St, Hobart TAS 7000
Telephone: 1800 657 500

Email: guardianship@tascat.tas.gov.au **Website:** www.tascat.tas.gov.au