

Application

Under the *Guardianship and Management of Property Act 1991*

ACAT file number:
(if known)

GT

Type of application (please indicate those which apply):

- Application to appoint a guardian, to make decisions relating to a person's health or welfare (section 7). COMPLETE PARTS A, B, C, D, E AND O AND ATTACH HEALTH PROFESSIONAL REPORT(S), AGED CARE ASSESSMENT (IF APPLICABLE) AND THE RELEVANT STATUTORY DECLARATION (DESCRIBED AT SECTION E)
- Application to appoint a manager, to make decisions relating to a person's property or financial matters (section 8). COMPLETE PARTS A, B, C, D, F AND O AND ATTACH HEALTH PROFESSIONAL REPORT(S), AGED CARE ASSESSMENT (IF APPLICABLE) AND THE RELEVANT STATUTORY DECLARATIONS (DESCRIBED AT SECTION F)
- Application to approve a transaction involving a conflict of interest (section 14). COMPLETE PARTS A, B, C, G AND O
- Application for a direction to a guardian and/or manager (sections 16, 26 and/or 27). COMPLETE PARTS A, B, C, H AND O
- Application by a guardian and/or manager for an opinion or advice to a guardian and/or manager about the exercise of functions or powers (sections 18, 33, 34 and/or 37). COMPLETE PARTS A, B, C, I AND O
- Application for review of appointment of guardian and/or manager, including application to vary or revoke an appointment (section 19). COMPLETE PARTS A, B, C, J AND O AND ATTACH A COPY OF THE EXISTING ACAT ORDER
- Application for consent to a prescribed medical procedure (section 70). COMPLETE PARTS A, B, C, K AND O
- Application for review of consent to treatment, care or support under the *Mental Health Act 2015* (section 70A). COMPLETE PARTS A, B, C, L AND O
- Application for an order to adjust a transaction or to restrain dealings (sections 71 and/or 72). COMPLETE PARTS A, B, C, M AND O
- Application about an Enduring Power of Attorney (sections 62-66). COMPLETE PARTS A, B, C, N AND O AND ATTACH A COPY OF THE ENDURING POWER OF ATTORNEY

PART A: APPLICANT DETAILS

Full name:

Email:

Postal address:

Preferred phone number:

Alternate phone number:

Family or other relationship
to the person for whom the
order is sought:

PART B: INFORMATION RELATING TO THE PERSON FOR WHOM THE ORDER IS SOUGHT (OR PROTECTED PERSON IF AN ORDER HAS BEEN MADE)

Full Name:

Date of birth:

(DD/MM/YYYY)

Usual residential address:

Where is the person currently living:

(if different from usual address)

Preferred phone number:

Alternate phone number:

Email:

Have you informed the person for whom the order is sought that you are making this application?

Yes

No

If no, please specify why:

For an application for appointment of a guardian and/or manager, what kinds of decisions need to be made by a guardian and/or manager on the person's behalf because the person has impaired decision-making ability to make those decisions for themselves? (Attach page if insufficient space)

Does the person agree with the application being made?

Yes

No

Don't know

Will the person for whom the order is sought be attending the hearing of the application?

Yes

No

If no, please specify why:

For applications for the appointment of a guardian and/or manager, the Tribunal will wish the person for whom the order is sought to attend the hearing so that the Tribunal can hear the person's views and wishes about the application.

Does the person need an interpreter at the hearing?

- No
- Yes. If yes, please specify language:

Has the person for whom an order is sought signed an Enduring Power of Attorney?

- No
- Yes. If yes, please complete Part N of this application form and attach a copy of the Enduring Power of Attorney.
- Don't know

PART C: INTERESTED PARTIES

Under section 72A, the Tribunal must, as far as practicable, give notice of the hearing to the person the subject of the hearing and the person's domestic partner, parent/s, brothers and sisters, children, carers, guardian, manager and attorney(s), as applicable. Please provide the details for these persons (*Please attach a sheet with additional names and details if required*):

Interested party 1

Full name:

Date of birth:
(DD/MM/YYYY)

Postal address:

Preferred phone number:

Alternate phone number:

Email:

Family or other relationship to the person for whom the order is sought:

Interested party 2

Full name:

Date of birth:
(DD/MM/YYYY)

Postal address:

Preferred phone number:

Alternate phone number:

Email:

Family or other relationship to the person for whom the order is sought:

PART D: HEALTH PROFESSIONAL AND WELFARE AGENCY DETAILS

The application must be accompanied by a medical or other professional report(s), which should include a report from a doctor, giving details of the person's condition and how it affects his or her ability to make decisions, and what kinds of decisions, about his or her health, welfare, finances and/or property. The reports should include a report or updated report written not more than 3 months prior to the application.

The application will not proceed to hearing until this evidence is received.

Report(s) attached; or

Report(s) to be forwarded by:

(Please indicate a date)

List of Agencies

Please list any welfare or community agencies who are, or have recently been, involved with the person. The Tribunal may contact these agencies.

Aged care assessment

If applicable, does the person have an aged care assessment?

Yes. If yes, please attach a copy.

No.

PART E: DETAILS OF PROPOSED GUARDIAN AND CONSENT TO ACT (sections 7 and 10)

A guardian is a person appointed by the Tribunal to make decisions relating to another person's health or welfare on behalf of the other person. Please provide details of the proposed guardian. (If there is more than one proposed guardian, please attach a separate copy of Part E setting out the details for each person)

Full name of proposed guardian:

Date of birth:
(DD/MM/YYYY)

Postal address:

Preferred phone number:

Alternate phone number:

Email:

Family or other relationship to the person for whom the order is sought:

I consent to act as guardian of:

(Full name of person for whom the order is sought)

Signature of proposed guardian:

Date:

Please attach the following:

1. *Statutory Declaration for the Appointment of a Guardian and/or Manager*, available at: www.acat.act.gov.au. Where there is more than one, each proposed guardian must complete a statutory declaration. Indicate here that the completed form is attached.

Completed form(s) attached

Public Trustee and Guardian – To be indicated if the application does not propose appointment of an individual (i.e. a natural person). Note: the Public Trustee and Guardian must not be appointed if an individual who is otherwise suitable has consented to be appointed.

PART F: DETAILS OF PROPOSED MANAGER AND CONSENT TO ACT (sections 8 and 10)

A manager is a person appointed by the Tribunal to make decisions about another person's finances or affecting the protected person's property on behalf of the other person. Please provide details of the proposed manager. (If there is more than one proposed manager, please attach a separate copy of Part F setting out the details for each person)

Full name of proposed manager:

Date of birth:
(DD/MM/YYYY)

Postal address:

Preferred phone number:

Alternate phone number:

Email:

Family or other relationship to the person for whom the order is sought:

I consent to act as manager of:

(Full name of person for whom the order is sought)

Signature of proposed manager:

Date:

Please attach the following:

1. *Statutory Declaration for the Appointment of a Guardian and/or Manager*, available at: www.acat.act.gov.au. Where there is more than one, each proposed manager must complete a statutory declaration. Indicate here that the completed form is attached.

Completed form(s) attached

2. *Statutory Declaration – Statement of Protected Person's Property*, available at: www.acat.act.gov.au. Indicate here that the completed form is attached.

Completed form attached

Public Trustee and Guardian – To be indicated if the application does not propose appointment of an individual (i.e. a natural person). Note: the Public Trustee and Guardian must not be appointed if an individual who is otherwise suitable has consented to be appointed.

PART G: APPLICATION TO APPROVE A TRANSACTION INVOLVING A CONFLICT OF INTEREST (section 14)

Outline the details of the transaction and information about the conflict or potential conflict of interest. (Attach page if insufficient space). Please attach a Statutory Declaration – Statement of Protected Person’s Property, if relevant.

PART H: APPLICATION FOR A DIRECTION TO A GUARDIAN AND/OR MANAGER (sections 16, 26 and/or 27)

Outline the direction you seek, and your reasons for seeking a direction from the Tribunal. (Attach page if insufficient space)

PART I: APPLICATION FOR OPINION OR ADVICE ABOUT EXERCISE OF A GUARDIAN’S OR MANAGER’S FUNCTIONS OR POWERS (sections 18, 33, 34 and/or 37)

Outline the opinion or advice you seek, and your reasons for seeking an opinion or advice from the Tribunal. (Attach page if insufficient space)

PART J: APPLICATION FOR REVIEW OF APPOINTMENT OF A GUARDIAN AND/OR MANAGER, INCLUDING APPLICATION TO VARY POWERS UNDER AN APPOINTMENT (section 19)

Outline your reasons for seeking a review of the existing appointment, with evidence in support. (Attach page if insufficient space) Please attach a copy of the existing Tribunal order.

PART K: APPLICATION FOR ORDER FOR CONSENT TO A PRESCRIBED MEDICAL PROCEDURE (section 70)

By order, the Tribunal can give consent to a prescribed medical procedure that is necessary for the person for whom the order is sought. Please indicate the proposed prescribed medical procedure:

- Abortion
- Reproductive sterilisation
- Hysterectomy
- Contraception
- Removal of non-regenerative tissue for transplantation
- Electroconvulsive therapy or psychiatric surgery
- Other prescribed medical or surgical procedure

Please provide medical evidence in support, noting the declaration by the Tribunal required under section 69(2) and the requirements under section 70.

Details of Protected Person's Medical Practitioner

Name of treating health professional:	<input type="text"/>
Name of medical practice:	<input type="text"/>
Email:	<input type="text"/>
Postal address:	<input type="text"/>
Phone number:	<input type="text"/>
Email:	<input type="text"/>

PART L: APPLICATION FOR REVIEW OF CONSENT TO TREATMENT, CARE OR SUPPORT UNDER THE *MENTAL HEALTH ACT 2015* (section 70A)

Outline your reasons for seeking a review of the consent of the guardian to treatment, care or support of the protected person. (Attach page if insufficient space)

Please provide medical evidence in support, noting the obligations on the person's treating health professional under section 70A

Details of Protected Person's Medical Practitioner

Name of treating health professional:

Name of medical practice:

Email:

Postal address:

Phone number:

Email:

PART M: APPLICATION TO ADJUST A TRANSACTION OR TO RESTRAIN DEALINGS (sections 71 and/or 72)

Outline the details of the transaction and your reasons for seeking to adjust a transaction or to restrain dealings, with evidence in support. (Attach page if insufficient space)

PART N: APPLICATIONS ABOUT AN ENDURING POWER OF ATTORNEY (sections 62-66; *Power of Attorney Act 2006*, sections 14, 41C, 41D, 41G and/or 53))

Type of order applied for (indicate all that apply):

- A declaration about a person's decision-making capacity (section 65)
- A direction to the attorney to do or not to do something (section 62)
- A direction to produce an account or record of transaction (section 62)
- An order revoking all or part of an enduring power of attorney (note: where a revocation occurs, the Tribunal may appoint a guardian and/or manager) (section 62)
- A declaration about the interpretation of an enduring power of attorney (section 62)
- An order removing an attorney (section 66)
- An approval of the provisions of a power (*Powers of Attorney Act 2006*, section 14)
- An opinion or advice to an attorney about consent to medical research or review of a decision by the attorney (*Powers of Attorney Act 2006*, sections 41C, 41D and 41G)
- Leave for an attorney to resign where the person has impaired decision-making capacity for a matter (*Powers of Attorney Act 2006*, section 53)

Details of the Enduring Power of Attorney

Attach a complete copy of the Enduring Power of Attorney.

Date made:

Provide the name and address of each person in whose favour the Enduring Power of Attorney was given.

Details of Attorney (If there is more than one attorney, please provide details on a separate page)

Full name of attorney:

Postal address:

Phone number:

Email:

PART O: DECLARATION BY APPLICANT

I have read this application and consider to the best of my knowledge that all the information provided is true and correct, is not misleading and that no information relevant to the application has been omitted.

Warning: Pursuant to section 338 of the *Criminal Code 2002*, a person commits an offence if they knowingly make a statement in a document which is false or misleading to a person who is exercising a function under a territory law. The maximum penalty is 100 penalty units, imprisonment for 1 year, or both.

Signature of applicant:

Name of applicant:

Date:

Signature of witness:

Name of witness:

Date:

Checklist for an application under the *Guardianship and Management of Property Act 1991*

Application form has been correctly filled out including:

- Type of application is indicated and the corresponding parts of the form are completed
- Applicant's full name and contact details, including postal and email address are completed
- All requested details about the person for whom the order is being sought (protected person) are completed
- Treating medical professional details are completed
- Medical report(s) is attached (if applicable)
- Aged care assessment is attached (if applicable)
- Enduring Power of Attorney is attached (if applicable)
- Details of interested parties are completed
- Proposed Guardian/Manager has signed to indicate their consent, and has completed the relevant statutory declaration(s) which are attached (as applicable)
- Form is signed and dated by the applicant

There is no lodgement fee for this application.

Your application will not be given a hearing date until all the necessary information has been provided.