



Application for Request to review a guardianship order

GUARDIANSHIP DIVISION

Before completing this form, please refer to the fact sheet 'Information for Applicants - Request to review a guardianship order'. If you need more information contact NCAT's Guardianship Division on (02) 9556 7600 or 1300 006 228.

IMPORTANT INFORMATION

- The NSW Public Guardian is a statutory party to all reviews of guardianship orders.
- All parties will receive a copy of this application and all documents unless the Tribunal orders otherwise. For more information refer to the fact sheet 'Providing information to the Guardianship Division'.

1. The applicant

Who is making this request for a review of a guardianship order?

The responsibilities of an applicant are explained in the fact sheet *Information for Applicants – Request to review a guardianship order*.

given names _____

family name _____

relationship to the person _____

street _____

suburb/town, state, postcode _____

daytime phone _____ after hours phone _____

mobile phone _____

fax _____ pager _____

email _____

Does the appointed guardian know about this application? No Yes I am the appointed guardian

2. The person

Who is the person under guardianship?

given names _____

family name _____

other names by which this person is known _____

date of birth _____

gender male female

Where does the person usually live? at home, provide details below
 at the home of a family member or friend, provide details (see page 2)
 at a care facility, provide details (see page 2)
 no fixed address

name of family member, friend or care facility _____

relationship of family member to person _____

Address details of family member, friend or care facility

street _____

suburb/town, state, postcode _____

daytime phone _____

mobile phone _____

fax _____

email _____

What is the person’s current location? (if different from above)

Which of the following own home, provide details below
 best describes the person’s home of family member or friend, provide details below
 current location? hospital/care facility, provide details below

name of family member, friend _____
 or care facility _____
 relationship of family member _____
 to person _____

street _____

suburb/town, state, postcode _____

name of contact (if applicable) _____

daytime phone _____ after hours phone _____

mobile phone _____

fax _____

email _____

Have you told the person under guardianship that you are making this application? Yes, and he or she: Supports or Opposes the application
 No

Details of the Guardian/s

Note: The person’s guardian is a party to your application.

Is the person’s guardian: The Public Guardian
 A Private Guardian (if private, provide further details below)

given names: _____

family name: _____

street / PO Box: _____

suburb/town, state, postcode: _____

daytime phone: _____

mobile phone: _____

fax: _____

email: _____

Is there more than one guardian?

No Yes, if yes provide details below:

given names:

family name:

street / PO Box:

suburb/town, state, postcode:

daytime phone:

mobile phone:

fax:

email:

Other party details

Does the person have a spouse?

No Yes

Spouse means a husband, wife or de facto partner and includes same sex relationships.

The relationship must be close and continuing.

given names:

family name:

street / PO Box:

suburb/town, state, postcode:

daytime phone:

mobile phone:

fax:

email:

Note: The person's spouse is a party to your application

Does the person have a carer?

No Yes

A carer is someone who provides domestic services and support to the person, or arranges services and support for the person.

A carer does not include professional carers who receive remuneration for their services. However, a carer's pension does not exclude someone from being a carer.

If the person resides at a facility (such as a nursing home or group home), the carer is the last person to have cared for the person before they became a resident at the facility.

given names:

family name:

street / PO Box:

suburb/town, state, postcode:

daytime phone:

mobile phone:

fax:

email:

Note: The person's carer is a party to your application.

Enduring Guardianship Arrangements

Does the person have an enduring guardianship appointment in place?

No Yes - please provide details and a copy of the enduring guardianship appointment

Note: A guardianship order suspends the operation of an enduring guardianship appointment whilst it is in place.

If the Tribunal revokes or lapses the guardianship order, an enduring guardian regains the authority to make decisions about the person.

An enduring guardian may apply to be joined as a party to a request to review a guardianship order.

You should tell any enduring guardian about your application.

_____ given names: _____

_____ family name: _____

_____ street / PO Box: _____

_____ suburb/town, state, postcode: _____

_____ daytime phone: _____

_____ mobile phone: _____

_____ fax: _____

_____ email: _____

_____ If more than one enduring guardian: _____

_____ given names: _____

_____ family name: _____

_____ street / PO Box: _____

_____ suburb/town, state, postcode: _____

_____ daytime phone: _____

_____ mobile phone: _____

_____ fax: _____

_____ email: _____

3. The need for a review of the guardianship order

What is the purpose of your application?

You can select more than one if appropriate.

To end the current guardianship order

Briefly summarise below why you think the guardianship order should end (has the person regained the capacity to make decisions? Can decisions now be made informally without an order?). Please note that if you state that the person can now make their own decisions you will need to provide professional evidence – see section 4.

To change the decision making functions of the guardian
Briefly state which functions should be removed/added and why.

To replace the appointed guardian
Briefly summarise below why you think the appointed guardian should be replaced.

None of the above
Briefly summarise below.

Who do you propose as guardian?

- The Public Guardian
- Private person, please provide details:

given names _____

family name _____

relationship to the person
under guardianship _____

street _____

suburb/town, state, postcode _____

daytime phone _____ after hours phone _____

mobile phone _____

fax _____ pager _____

email _____

4. Other people involved

Please include details below for each of the other people involved:

- You should have included the details for the person's appointed guardian/s, any enduring guardian/s, the person's spouse and the person's carer in section 2 above.
- You do not need to provide these details again in this section
- Please provide details for any other person who has an interest in this application (family members, friends, health professionals or service providers).
- Photocopy and complete this page as many times as you need to.

relationship to the person _____
given names _____
family name _____
organisation (if applicable) _____
street / PO Box _____
suburb/town, state,
postcode _____
daytime phone _____ after hours _____
mobile phone _____
fax _____ pager _____
email _____

Have you spoken to this person about the application? No Yes
Do you believe this person will support the application? No Yes Don't know

relationship to the person _____
given names _____
family name _____
organisation (if applicable) _____
street / PO Box _____
suburb/town, state,
postcode _____
daytime phone _____ after hours _____
mobile phone _____
fax _____ pager _____
email _____

Have you spoken to this person about the application? No Yes
Do you believe this person will support the application? No Yes Don't know

5. Supporting material

Please attach any supporting written material you have to the application. If you have requested information but have not received it please provide details below.

NCAT relies on information provided in this form, at the hearing, and relevant supporting documentation to make its decision. Please note that if you are seeking a review because you believe the person can now make their own decisions, you will need to provide professional reports to support this.

Reports must cover a professional medical opinion about the person's disability and a professional opinion about the person's capacity to make personal and lifestyle decisions. Reports may be prepared by:

- A medical, health or other professional
- The provider of accommodation services
- A social worker

If you are seeking a review on any other grounds you may wish to obtain written material from involved professionals, friends or family members to support your application.

type of document (e.g. letter, medical report)	_____
author	_____
relationship of author to person	_____

type of document (e.g. letter, medical report)	_____
author	_____
relationship of author to person	_____

type of document (e.g. letter, medical report)	_____
author	_____
relationship of author to person	_____

type of document (e.g. letter, medical report)	_____
author	_____
relationship of author to person	_____

6. The hearing

The Tribunal may hold a hearing to consider this application.

Is there any reason why the person cannot attend the hearing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, briefly explain why
The Tribunal prefer the person attends the hearing unless that is impossible due to the person's ill health or some other special circumstance.	_____	

Does anyone associated with the application require special assistance at the hearing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
For example, wheelchair/mobility access, hearing loop, signing interpreter or language interpreter.	If yes, provide names and indicate the type of assistance required. For language interpreter, specify the language(s) required.	

7. The applicant's declaration

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

Signature of applicant

Date

To lodge your application

To lodge your application, return all pages of the form to NCAT's Guardianship Division. Check that you have completed all relevant items and signed the application form.

NCAT Guardianship Division

Postal address: PO Box K1026, Haymarket NSW 1240

Street address: Level 6 John Maddison Tower, 86-90 Goulburn Street, Sydney

Telephone: (02) 9556 7600 or 1300 006 228

Interpreter Service (TIS) 13 14 50

National Relay Service for TTY Users 13 36 77

Email: gd@ncat.nsw.gov.au

Website: www.ncat.nsw.gov.au