



Application for **Review of an enduring guardianship appointment**

GUARDIANSHIP DIVISION

Before completing this form, please refer to the fact sheet 'Review of an enduring guardianship appointment'. If you need more information contact NCAT's Guardianship Division on (02) 9556 7600 or 1300 006 228.

IMPORTANT INFORMATION

- The NSW Public Guardian and NSW Trustee and Guardian are statutory parties to all reviews of an enduring guardianship appointment.
- 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. Person who made the enduring guardian appointment ('The appointer')

given names _____

family name _____

other names by which
this person is known _____

date of birth _____

gender male female _____

What is the person's usual permanent address?

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

Name of family member, friend or
care facility (if applicable) _____

street _____

suburb/town, state, postcode _____

phone _____

mobile phone _____

fax _____

email _____

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

Name of family member, friend or
care facility (if applicable) _____

street _____

suburb/town, state, postcode _____

phone _____

mobile phone _____

fax _____

email _____

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

street / PO Box _____
suburb/town, state, postcode _____

Other details about the appointor

What disabilities or other health-related factors affect the person's decision-making capacity?

- dementia
- intellectual disability
- brain injury
- other, provide details: _____
- advanced age
- neurological
- mental illness

Is there anyone who disputes the person's disability or incapacity?

- No Yes

If Yes, provide details:

- the person themselves
- health professional, provide name
- other person, provide name

Does the person regard themselves as belonging to any ethnic, cultural or religious group?

- No Yes, please specify: _____

Does the person speak a language other than English at home?

- No Yes, what other language: _____

Have you told the person that you are making this application?

- Yes, and he or she: Supports or Opposes the application
 No

The Tribunal must consider the views of the appointor before making its decision. As applicant you have an obligation to provide a copy of your application to the appointor.

Does the person have a spouse?

Spouse means a husband, wife or de facto partner and includes same sex relationships. The relationship must be close and continuing.

- No Yes

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.

2. Your details (Applicant)

As the person making this application you have responsibilities that go beyond completing this form. You should be prepared to carry out these responsibilities before proceeding with this application.

given name _____

family name _____

street _____

suburb/town, state, postcode _____

daytime phone _____

after hours phone _____

mobile phone _____

fax _____

pager _____

email _____

What is your relationship to the appointor? _____

How long have you known the appointor? _____

- Are you the appointor's: Attorney
- Enduring Guardian
- Guardian appointed by a court or tribunal
- Financial manager appointed by a court or tribunal

If yes to any of the above please attach a copy of the enduring power of attorney, enduring guardianship appointment or the court/tribunal order.

3. Details about the enduring guardianship appointment

NCAT must be supplied with a copy of the enduring guardianship appointment. If you do not have a copy of the enduring guardianship appointment and cannot obtain one, you should contact NCAT to discuss this. NCAT must be provided with all the details about the enduring guardianship appointment which you are seeking to have reviewed.

Note the enduring guardian or guardians will be a party to this application.

Date of enduring guardianship appointment _____

Details of person appointed as enduring guardian

given name _____
family name _____
street _____
suburb/town, state, postcode _____
daytime phone _____
afterhours phone _____
mobile phone _____
fax _____
email _____
relationship to the appointer _____

Note: the enduring guardian is a party to your application.

If there are two enduring guardians, please provide details of the second enduring guardian below.

If there are more than two enduring guardians, then attach an additional sheet giving details for each additional enduring guardian.

Details of second enduring guardian

given name _____
family name _____
street _____
suburb/town, state, postcode _____
daytime phone _____
afterhours phone _____
mobile phone _____
fax _____
email _____
relationship to the appointer _____

If there are two or more enduring guardians, were they appointed to act:

- Jointly Severally Jointly and severally Don't know

Details of alternate enduring guardian (if any)

given name _____
family name _____
street _____
suburb/town, state, postcode _____
daytime phone _____
afterhours phone _____
mobile phone _____
fax _____
email _____
relationship to the appointer _____

4. Witnesses to the execution of the enduring guardianship appointment

Who witnessed the execution of the enduring guardianship appointment?

given name _____
family name _____
occupation _____
name of law firm (if solicitor) _____
street _____
suburb/town, state, postcode _____
daytime phone _____
afterhours phone _____
mobile phone _____
fax _____
email _____

If there was more than one witness, provide details below

given name _____
family name _____
occupation _____
name of law firm (if solicitor) _____
street _____
suburb/town, state, postcode _____
daytime phone _____
afterhours phone _____
mobile phone _____
fax _____
email _____

5. Other enduring guardianship appointment (if any)

If there is more than one appointment, then you must submit a copy of all the current enduring guardianship appointments. However, if you would like the Tribunal to review more than one enduring guardianship appointment, you must submit a separate application form for each appointment.

Note: the enduring guardian or guardians will be a party to this application.

Has the appointor made any other enduring guardianship appointment? No
 Yes, provide details and attach a copy of the enduring guardianship appointment

Date of appointment

Details of enduring guardian

given name

family name

street

suburb/town, state, postcode

daytime phone

afterhours phone

mobile phone

fax

email

relationship to the appointer

6. Other current decision-making arrangements

Does the person have an attorney or financial manager? No Yes - If yes, please provide details below and attach a copy of the power of attorney or financial management order

Does the attorney or financial manager know about your application? No Yes

Attorney/manager's name

street

suburb/town, state, postcode

daytime phone

afterhours phone

mobile phone

email

relationship to principal

details of appointment

7. Need for a review of the enduring guardianship appointment

Why do you think a review of the enduring guardianship appointment is needed?

What attempts have already been made to resolve these problems?

What orders do you think the Tribunal should make? (you may tick more than one box)

- Confirm the appointment
- Confirm the appointment but to vary the functions of the enduring guardian

Please provide details of how the functions should be varied:

- Revoke the appointment
- Revoke the appointment and make a guardianship order
- Revoke the appointment and make a financial management order
- Revoke the appointment and make a guardianship order and a financial management order

Please provide details of why the appointment should be revoked. The Tribunal may only revoke an enduring guardianship appointment if the enduring guardian requests the revocation or the Tribunal is satisfied that it is in the appointor's best interests to revoke the appointment.

Declare that the appointment has effect

The Tribunal may declare that the appointment has effect if the Tribunal is satisfied that the appointor is a person who, because of a disability, is totally or partially incapable of managing his or her person. You will need to provide at least two (2) medical reports to support your application for a declaration that the appointment of enduring guardian has effect.

Approve the resignation of an enduring guardian

If the appointor is a person who, because of a disability, is totally or partially incapable of making personal and lifestyle decisions and managing his or her person, the enduring guardian's resignation must be approved by the Tribunal at a hearing.

If the appointor is still capable of making personal and lifestyle decisions and managing his or herself, the enduring guardian may resign in writing in accordance with the prescribed notice of resignation form found in Schedule 1 of the Guardianship Regulation and there is no need for an application to the Tribunal.

Substitute an enduring guardian

The Tribunal may only substitute an enduring guardian if the enduring guardian has died, resigned or become incapacitated.

Who do you suggest as the substitute enduring guardian?

given name

family name

occupation

street

suburb/town, state, postcode

daytime phone

afterhours phone

mobile phone

fax

email

relationship to the appointer

8. Other people involved

- In section 1 you should have included the details for the person's spouse, the person's carer and any enduring guardians.
- In section 6 you should have identified any attorney or financial manager.
- In this section you must tell the Tribunal about other people who may have a legitimate interest in this application, including people who may oppose the application. Please include other interested people (e.g. social workers, doctor, family members). Attach additional pages for other people involved, as necessary.

given names	_____	
family name	_____	
relationship to the person	_____	
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

given names	_____	
family name	_____	
relationship to the person	_____	
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

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

Have you spoken to this person about the application? No Yes

9. Supporting information

- You must provide a copy of the enduring guardianship appointment.
- You should provide a copy of any other enduring guardianship appointment, revocation of enduring guardianship, enduring power of attorney or court or tribunal order appointing a guardian or financial manager (where applicable).
- As the applicant, you are responsible for ensuring that the Tribunal receives at least two (2) reports that provide professional opinions in support of the application.
- The Tribunal may be unable to schedule a hearing until the reports have been received.
- The reports must cover a professional medical opinion about the person's disability and a professional opinion about the person's capacity for making personal and lifestyle decisions.

Professional opinions

title of report

author & organisation

- I have attached the report to this application
 I have arranged for the report to be sent separately

title of report

author & organisation

- I have attached the report to this application
 I have arranged for the report to be sent separately

title of report

author & organisation

- I have attached the report to this application
 I have arranged for the report to be sent separately
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Additional support documents

Please list below any additional documents (e.g. medical report, rent invoice, Power of Attorney, ACAT Assessment) that you have attached.

title of document:

author & organisation:

title of document:

author & organisation:

title of document:

author & organisation:

title of document:

author & organisation:

title of document:

author & organisation:

title of document:

author & organisation:

10. The hearing

Is there any reason why the person cannot attend the hearing?

No

Yes, briefly explain why

The Tribunal wants the person to attend 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?

No

Yes, provide names and indicate the type of assistance required.
For language interpreter, specify the language(s) required.

For example, wheelchair/mobility access, hearing loop, signing interpreter or language interpreter.

11. Applicant's declaration

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 or the names of people who are likely to have a legitimate interest in this application.
- 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