form 6 GUARDIANSHIP AND ADMINISTRATION BOARD



review of an enduring guardianship

Name of person about whom you are applying:

Are y	you applying
	For a declaration that the appointment of an enduring guardianship is invalid?
	For the amendment or revocation of an instrument appointing an enduring guardian?
	For the appointment of a new guardian?
Has 1	the person made an enduring guardianship?
	Yes - Proceed to complete this application
	No — This is the incorrect application form. You will need to complete an application for the appointment of a Guardian - Form 2.

What is an enduring guardianship?

An enduring guardianship is a legal document that enables a person (the appointor) to appoint another person (the enduring guardian) to make personal, lifestyle and medical decisions on their behalf after they lose the capacity to make such decisions.

Further information is available in Facts Sheet 8 - Review of Enduring Powers

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.

Tasmania
1300 799 625
Outside Tasmania
6165 7500
email: guardianship
@justice.tas.gov.au
or visit our website at
www.guardianship.
tas.gov.au

If you need further

information, please phone:

Office Use CMS: EG:

FPA:

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1. Who is this application about?	The appointor did not have capacity to understand the nature and effect
Title Surname	of the instrument at the time of appointment
Given Names	The instrument does not comply with the requirements in the Guardianship and Administration Act 1995
(this form refers to this person as "the appointor" in all questions)	The appointor was induced to make the appointment by reason of
Date of birth	dishonesty or undue influence
Other names that the appointor may be known by?	3.1 What concerns have motivated you to make this application?
Address	
Postcode	
Telephone	
Email/Fax	
2. Who is making this application?	
Organisation	
Title Surname	
Given Names	
Address	
Postcode	
Telephone	
Email/Fax	
What is your relationship to the appointor? (e.g. spouse, child, parent, case	
manager)	
3. Why have you made this application?	
am the enduring guardian and I seek revocation or amendment of the appointment, or	
The enduring guardian is not willing or able to act in that capacity	
The enduring guardian has not acted in the best interests of the appointor, or has acted in an incompetent or negligent manner, or has acted contrary to the provisions of the <i>Guardianship and Administration Act 1995</i>	

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4. What are the appointor's wishes?	5. Does the appointor have a disability?
4.1 Have you told the appointor that you are making this application? Yes Date	5.1 What is the nature of the appointor's disability? (please specify diagnosis if known, e.g. dementia, schizophrenia, acquired brain injury, intellectual disability)
No Why not?	
4.2 What views has the appointor expressed about this application?	
	This application may not be processed until the Board has received a completed Health Care Professional Report (HCPR) as evidence of the appointor's disability and capacity to make decisions.
	The relevant HCPR to accompany this application is HCPR-B (Review of Enduring Guardianship).
	5.2 Please provide details of the medical practitioner or psychologist from whom you requested the HCPR.
	HCPR attached
	HCPR requested from –
	Name of Practitioner
	Address
4.3 What are the wishes of the appointor with respect to the concerns that	Postcode
motivated this application (refer question 3.1)?	Telephone
	Email/Fax
	6. If the Board revokes the enduring guardianship, does the appointor need a new guardian?
	No – go to question 8
	Yes – complete questions 6 and 7

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6.1 Why do you believe that the appointor needs a guardian? (e.g. are there difficulties regarding the appointor's health care, accommodation, visitors?)	7. Who do you propose for appointment as a guardian for the appointor?
	The Public Guardian – go to question 8
	Myself (applicant) – go to question 7.1
	Another person — complete this section
	Title Surname
	Given Names
	Address
	Postcode
	Telephone
	Email/Fax
	Relationship to the appointor:
6.2 Have alternatives, less restrictive than guardianship, been considered as a means to address the concerns that motivated this application?	7.1 Why is the proposed guardian suitable for appointment as the appointor's guardian? (e.g. capacity to act in the best interests of the appointor, compatibility with the appointor and the appointor's administrator, preservation of family relationships)
Please describe:	
Please describe.	

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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 appointor?	8. Evidence to support the application
Connect with the interests of the appointer:	8.1 Who is the appointor's primary carer?
	Title Surname
	Given Names
	Address
	Postcode
	Telephone
	Email/Fax
	Relationship to the appointor:
7.3 Will the proposed guardian be available and accessible to fulfill the requirements of guardianship?	8.2 Are there other persons who are concerned for the welfare of the appointor? (Please name all relevant persons, including persons who do not agre with you or with this application). If you need more space, please attach an additional sheet of paper. Person 1
	Title Surname
	Given Names
	Address
Declaration by the proposed guardian:	Postcode
I consent to appointment should the Board appoint me as the guardian for the appointor.	Telephone
I agree to undertake my duties in accordance with the requirements in the	Email/Fax
Guardianship and Administration Act 1995.	Relationship to the appointor
I understand that I will be required to attend a hearing of the Board to enable the Board to assess my suitability as guardian.	
I will obtain a National Police Record Check*, at my own expense, prior to the	Person 2
notified hearing date and provide a copy to the Board.	Title Surname
Signed	Given Names
Dated	Address
* You may obtain a National Police Record Check by attending your	Postcode
local Police Station.	Telephone
	Email/Fax

Relationship to the appointor

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Person 3	8.3 Has the appointor been assessed by the Aged Care Assessment Team?
Title Surname	Yes
Given Names	No
Address	
Postcode	8.4 Has the appointor made a will?
Telephone	No
Email/Fax	Unsure
Relationship to the appointor	Yes – please give details of the person or organisation who holds the will
	Title Surname
Person 4	Given Names
TitleSurname	Address
Given Names	Postcode
Address	Telephone
Postcode	Email/Fax
Telephone	Relationship to the person
Email/Fax	
Relationship to the appointor	8.5 Has the appointor made an enduring power of attorney?
	No
Person 5	Unsure
Title Surname	Yes – please provide details about the enduring power of attorney
Given Names	Attorney:
Address	Title Surname
Postcode	Given Names
Telephone	Address
Email/Fax	Postcode
Relationship to the appointor	Telephone
	Email/Fax
	(If more than one attorney, please attach an additional sheet of paper.)
	Date that the attorney was appointed:

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9. Financial details for the appointor	Estimated fortnightly expenses: (rent, board, Aged Care fees, utilities, etc)
Source of income (eg salary, Centrelink, DVA, superannuation, etc)	
	Estimated liabilities: (credit card debt, mortgage, outstanding accounts, maintenance of dependents etc)
Estimated fortnightly income	
Estimated savings or investments (including superannuation, please provide names of financial institutions where known)	10. Arrangements for the hearing:
Institution Amount	It is very important that the appointor attends the hearing wherever possible
1	10.1 Is there any reason why the appointor cannot attend the hearing?
2	
3	
4	
5	10.2 Are there any dates in the next 6 weeks where you are unable to attend
Real estate: (please provide addresses)	a hearing?
	10.3 Does any person who may attend the hearing require an interpreter or other assistance with communication?
	No
Other assets: (real estate, vehicles, shares or interest in a business etc)	Yes — please complete this section
	Name
	Type of assistance required
	Interpreter language/dialect
	Other – please specify

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Dated.

All applicants must sign the declaration

11. Compulsory declaration by applicant

I declare that, to the best of my knowledge, all information provided in this application is true and accurate, that it is not misleading and that no details relevant to the application have been omitted.

I consent to the release of the contents of this application to any person named in this document and any person the Board deems to be relevant to the application If you do not consent to release of documents, please explain why not.
Signed

Information about lodging the application

Before you lodge this form, make sure you have

Had the declaration in Question 7 signed and dated

(if required).
Signed and dated the declaration in Question 11.
Attached the relevant Health Care Professional Report(s) (HCPR) or provided details of practitioner(s) you have requested the HCPR from.
Attached other relevant documents eg.copy of EPA.

How to lodge the application:

You can lodge the completed application form and attachments by:

Delivering it in person to the:
 Guardianship and Administration Board,
 Level 1, 54 Victoria Street,
 HOBART

OR

Mailing it to the:
 Guardianship and Administration Board
 GPO Box 1307,
 HOBART, TAS 7001

OR

 Emailing it to: guardianship@justice.tas.gov.au

What happens next?

When the application is received the Board's staff:

- will write to you acknowledging receipt of the application;
- may contact you by telephone or mail to obtain more information (if necessary);
- may release the application and documents provided to persons relevant to this application;
- will conduct an investigation to obtain further information which may assist the Board in making a decision; 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.

Thank you for your time in completing this application. Your assistance is greatly appreciated.