

## review of an enduring guardianship

Name of person about whom you are applying: \_\_\_\_\_

### Are 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 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.**

### 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.

If you need further information, please phone:  
Tasmania  
**1300 799 625**  
Outside Tasmania  
**6165 7500**  
email: **guardianship@justice.tas.gov.au**  
or visit our website at **www.guardianship.tas.gov.au**

Office Use  
CMS:  
EG:  
EPA:

### 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



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GUARDIANSHIP AND ADMINISTRATION BOARD

1. Who is this application about?

Title \_\_\_\_\_ Surname \_\_\_\_\_

Given Names \_\_\_\_\_

(this form refers to this person as "the appointor" in all questions)

Date of birth \_\_\_\_\_

Other names that the appointor may be known by?

\_\_\_\_\_

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?

I 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 *Guardianship and Administration Act 1995*

The appointor did not have capacity to understand the nature and effect of the instrument at the time of appointment

The instrument does not comply with the requirements in the *Guardianship and Administration Act 1995*

The appointor was induced to make the appointment by reason of dishonesty or undue influence

3.1 What concerns have motivated you to make this application?

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# GUARDIANSHIP AND ADMINISTRATION BOARD

## 4. What are the appointor's wishes?

4.1 Have you told the appointor that you are making this application?

Yes Date \_\_\_\_\_

No Why not? \_\_\_\_\_

\_\_\_\_\_

4.2 What views has the appointor expressed about this application?

\_\_\_\_\_

\_\_\_\_\_

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4.3 What are the wishes of the appointor with respect to the concerns that motivated this application (refer question 3.1)?

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\_\_\_\_\_

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## 5. Does the appointor have a disability?

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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

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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GUARDIANSHIP AND ADMINISTRATION BOARD

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?)

Horizontal lines for text entry.

6.2 Have alternatives, less restrictive than guardianship, been considered as a means to address the concerns that motivated this application?

Please describe:

Horizontal lines for text entry.

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: \_\_\_\_\_

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)

Horizontal lines for text entry.



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# GUARDIANSHIP AND ADMINISTRATION BOARD

7.2 Is the proposed guardian in a position where his or her interests may conflict with the interests of the appointor?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

7.3 Will the proposed guardian be available and accessible to fulfill the requirements of guardianship?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Declaration by the proposed guardian:

I consent to appointment should the Board appoint me as the guardian for the appointor.

I agree to undertake my duties in accordance with the requirements in the Guardianship and Administration Act 1995.

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 notified hearing date and provide a copy to the Board.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

**\* You may obtain a National Police Record Check by attending your local Police Station.**

## 8. Evidence to support the application

8.1 Who is the appointor's primary carer?

Title \_\_\_\_\_ Surname \_\_\_\_\_

Given Names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Email/Fax \_\_\_\_\_

Relationship to the appointor: \_\_\_\_\_

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 agree 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 \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Email/Fax \_\_\_\_\_

Relationship to the appointor \_\_\_\_\_

### Person 2

Title \_\_\_\_\_ Surname \_\_\_\_\_

Given Names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Email/Fax \_\_\_\_\_

Relationship to the appointor \_\_\_\_\_

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## GUARDIANSHIP AND ADMINISTRATION BOARD

**Person 3**

Title \_\_\_\_\_ Surname \_\_\_\_\_

Given Names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Email/Fax \_\_\_\_\_

Relationship to the appointor \_\_\_\_\_

**Person 4**

Title \_\_\_\_\_ Surname \_\_\_\_\_

Given Names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Email/Fax \_\_\_\_\_

Relationship to the appointor \_\_\_\_\_

**Person 5**

Title \_\_\_\_\_ Surname \_\_\_\_\_

Given Names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Email/Fax \_\_\_\_\_

Relationship to the appointor \_\_\_\_\_

8.3 Has the appointor been assessed by the Aged Care Assessment Team?

Yes

No

8.4 Has the appointor made a will?

No

Unsure

Yes – please give details of the person or organisation who holds the will

Title \_\_\_\_\_ Surname \_\_\_\_\_

Given Names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Email/Fax \_\_\_\_\_

Relationship to the person \_\_\_\_\_

8.5 Has the appointor made an enduring power of attorney?

No

Unsure

Yes – please provide details about the enduring power of attorney

Attorney:

Title \_\_\_\_\_ Surname \_\_\_\_\_

Given Names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

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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# GUARDIANSHIP AND ADMINISTRATION BOARD

## 9. Financial details for the appointor

Source of income (eg salary, Centrelink, DVA, superannuation, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated fortnightly income

\_\_\_\_\_

Estimated savings or investments (including superannuation, please provide names of financial institutions where known)

Institution	Amount
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Real estate: (please provide addresses)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other assets: (real estate, vehicles, shares or interest in a business etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated fortnightly expenses: (rent, board, Aged Care fees, utilities, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated liabilities: (credit card debt, mortgage, outstanding accounts, maintenance of dependents etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 10. Arrangements for the hearing:

It is very important that the appointor attends the hearing wherever possible

10.1 Is there any reason why the appointor cannot attend the hearing?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10.2 Are there any dates in the next 6 weeks where you are unable to attend a hearing?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10.3 Does any person who may attend the hearing require an interpreter or other assistance with communication?

No

Yes – please complete this section

Name \_\_\_\_\_

Type of assistance required

Interpreter language/dialect

Other – please specify \_\_\_\_\_

