



applications to the GUARDIANSHIP AND ADMINISTRATION BOARD

Name of person you are applying about _____

Administration (for financial decisions)

What do you wish to apply for?

- | | | |
|--------------------------|---|---------------|
| <input type="checkbox"/> | Appointment of Administrator | A, B, D and E |
| <input type="checkbox"/> | Review of existing Administration order | A, C1 and E |
| <input type="checkbox"/> | Settlement and gifts of represented person's property | A, C2 and E |

Please read section F before submitting this application.

Office Use Only
Notes:

GAB File number
(office use) G

- If you need more space to answer questions in this application, attach as many extra pages as you need.

- **What is administration?**

Administration is the appointment of a person (an administrator) by the Guardianship and Administration Board (the Board) to make some or all of the financial and legal decisions for an adult with a disability (the represented person).

- If you need further information, please phone:
Tasmania
1300 799 625
Outside Tasmania
6233 3085,
email:
guardianship@justice.tas.gov.au
or visit our website at
www.guardianship.tas.gov.au

SECTION A

to be completed by all applicants



details of the person you are applying about

Title _____ Surname _____

Given Names _____

DOB _____

Other names that the person may be known by?

Address _____

_____ Postcode _____

Preferred Contact Telephone Numbers

Your relationship to the person you are applying about

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Partner |
| <input type="checkbox"/> Child | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Person Responsible |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Carer | <input type="checkbox"/> Sibling |

Please explain why you are making this application

your details (the applicant)

Organisation _____

Title _____ Surname _____

Given Names _____

Address _____

_____ Postcode _____

Preferred Contact Telephone Numbers

Fax Number _____

Email address _____

disability details

1. What is the nature of the disability of the person you are applying about?
(Please specify the disability by diagnosis if known e.g. Severe Dementia;
Schizophrenia; Acquired Brain Injury)

evidence of disability

2. Your application may not proceed until the Health Care Professional Report (HCPR) form that was supplied with this application is received. If the HCPR is not completed yet, please provide details of the Doctor that you have requested the HCPR from.

HCPR attached OR HCPR requested from –

Name of Practitioner _____

Address _____

_____ Postcode _____

Telephone number _____

Fax number _____

Email address _____

SECTION A continued to be completed by all applicants



primary carer

3. Who is the Primary Carer of the person you are applying about?

Title _____ Surname _____

Given Names _____

Address _____

_____ Postcode _____

Relationship to proposed represented person

Preferred Contact Telephone Numbers

other interested parties.

4. Please provide details of all other people who are concerned for the welfare of the person for whom this application is being made, even if they don't agree with you (if you need more space please attach an additional sheet of paper).

Person 1 Name _____

Address _____

_____ Postcode _____

Relationship to proposed represented person

Preferred Contact Telephone Numbers

Fax Number _____

Email address _____

Person 2 Name _____

Address _____

_____ Postcode _____

Relationship to proposed represented person

Preferred Contact Telephone Numbers

Fax Number _____

Email address _____

Person 3 Name _____

Address _____

_____ Postcode _____

Relationship to proposed represented person

Preferred Contact Telephone Numbers

Fax Number _____

Email address _____

Person 4 Name _____

Address _____

_____ Postcode _____

Relationship to proposed represented person

Preferred Contact Telephone Numbers

Fax Number _____

Email address _____

Person 5 Name _____

Address _____

_____ Postcode _____

Relationship to proposed represented person

Preferred Contact Telephone Numbers

Fax Number _____

Email address _____

to be completed by all applicants



financial details for the person you are applying about

5. It is important that the Board has a thorough understanding of the person's financial situation. Please provide as much information as possible for the person you are applying about. Note whether any other person has an interest in any of the assets and/or liabilities.

Income	per fortnight	received from
Pension	\$	
Salary, Wages	\$	
Superannuation	\$	
Interest	\$	
Business	\$	
Property Rental	\$	
Other	\$	

Bank Accounts				
Name of Bank/Credit Union or Financial Institution	Branch Address	Account Type eg. savings, cheque	Account Number	Current account balance (if known)
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Assets	Details		Approximate Value
House	Address		\$
Other Real Estate	Address		\$
	Address		\$
	Address		\$
Car	Make	Model	\$
Shares	Company	Quantity	\$
	Company	Quantity	\$
Life Insurance	Company	Policy No.	\$
	Company	Policy No.	\$
	Company	Policy No.	\$
Superannuation	Company	Policy No.	\$
Interest in business, companies, partnerships, trusts, deceased estates	Details		\$
Other eg. furniture (aggregate value)	Details		\$

SECTION A continued to be completed by all applicants



financial details cont.

	per fortnight	paid to
Rent	\$	
Board	\$	
Nursing home fees	\$	
Home help	\$	
House keeping (inc. food)	\$	
Mortgage	\$	
Other ie.power, telephone, special services	\$	

	Details		Amount Owed
Mortgage	Lender		\$
	Property Managed		
Credit Cards	1. Details:		\$
	2. Details:		\$
Loans	1. Lender:	Loan for:	\$
	2. Lender	Loan for:	\$
Overdraft	Lender		\$
Hire Purchase	Company	Item:	\$
	Company	Item:	\$
Outstanding Bills	Details		\$
Other debts	Details		\$
Goods Rental	Details		Total amount paid per fortnight \$
Dependents (Financial Commitments)	Names, ages, relationships to person for whom the application is made		Total financial commitment \$

SECTION A continued to be completed by all applicants



enduring powers

6. Enduring Power of Attorney – Has the person you are applying about signed an Enduring Power of Attorney (EPA)?

No (Go to question 7) Unsure (Go to question 7)

Yes – Please give details of EPA appointed

Title _____ Surname _____

Given Names _____

Address _____

_____ Postcode _____

Preferred Contact Telephone Numbers

Fax Number _____

Email address _____

Date EPA appointed _____

7. Enduring Guardianship – has the person you are applying about registered an Instrument appointing an Enduring Guardian?

No (Go to question 8) Unsure (Go to question 8)

Yes – Please give details of Guardian

Title _____ Surname _____

Given Names _____

Address _____

_____ Postcode _____

Preferred Contact Telephone Numbers

Fax Number _____

Email address _____

Date appointed _____

will details

8. Has the person you are applying about made a will?

No (Go to question 9) Unsure (Go to question 9)

Yes - Do you know where the will is kept?

No (Go to question 9)

Yes - Please give details of the person/organisation who holds the will.

Title _____ Surname _____

Given Names _____

Address _____

_____ Postcode _____

Preferred Contact Telephone Numbers

Fax Number _____

aged care assessment (if applicable)

9. Has the person been assessed by an Aged Care Assessment Team?

No

Yes

SECTIONS D, E & F declarations & lodgements

Section D – Declaration by proposed Private Administrator or Guardian

(Note: Only complete this section if directed to do so in Question 4 of Section B.)

I have read this application and should the Board appoint me to be the Administrator or Guardian:

1. I agree to undertake my duties in accordance with the requirements of the Guardianship and Administration Act 1995;
2. I understand that I will be required to attend a hearing of the Board and that the Board has the discretion to appoint the most appropriate person or organisation to the role of Administrator; and
3. I agree to obtain a National Criminal Record Check through Tasmania Police, at my own expense, prior to the notified hearing date.
4. I am not and have not been a bankrupt and I have not applied to take the benefit of a law for the relief of bankrupt or insolvent debtors and have not compounded with creditors or made an assignment of income for their benefit, under any Commonwealth, State or Territory law of Australia or other country.

Signed _____

Dated _____

▼ All applicants must complete Section E

Section E – Declaration to be completed by all applicants

I declare that, to the best of my knowledge, all information provided in this application is complete, accurate and true and no details relevant to the application have been left out. I understand that the information within this application may be disclosed to other interested parties.

Signed _____

Dated _____

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

Section F - Information about lodging the application

Before you lodge this form, make sure you have

- Had the declaration in Section D signed and dated (if required).
- Signed and dated the declaration in Section E.
- 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.

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);
- 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.

How do I obtain a National Criminal Record Check?

Attend your local Police Station.

Office Use Only

Who Sent:

When: