



# applications to the GUARDIANSHIP AND ADMINISTRATION BOARD

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

## Guardianship (for personal decisions)

What do you wish to apply for?

- Appointment of Guardian A, B, D and E
- Review of existing Guardianship order A, C 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 guardianship?**  
Guardianship is the appointment of a person (the guardian) by the Guardianship and Administration Board (the Board) to make some or all of the personal and lifestyle 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 \_\_\_\_\_

# SECTION A continued 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.

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

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

<b>Assets</b>	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.

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

Liabilities	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 or Question 4 of Section C.)

**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 or Guardian; and
3. I agree to obtain a National Criminal Record Check through Tasmania Police, at my own expense, prior to the notified hearing date.

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: