

form 6  
GUARDIANSHIP AND ADMINISTRATION BOARD



## Review of an Enduring Guardian Instrument

Name of person who made the enduring guardian instrument (the appointor): .....

### Notice to applicant

The person will be provided with a copy of this application and notified of a hearing pursuant to the *Guardianship and Administration Act 1995*.

### Has the person made an Enduring Guardian Instrument?

- Yes – please proceed to complete this application.
- No – this is the incorrect application form. **You will need to complete an application for 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.board@justice.tas.gov.au](mailto:guardianship.board@justice.tas.gov.au)  
Or visit our website at:  
[www.guardianship.tas.gov.au](http://www.guardianship.tas.gov.au)

Office Use:  
CMS:  
EG:  
EPA:  
MN:

See Fact Sheet 7 – Review of Enduring Guardianships on our website.

### Guardianship

If you are also seeking an order of the Board appointing a guardian you must also file an Application for Guardianship (Form 2). This may be listed for hearing immediately after the Review of an Enduring Guardian Instrument, if it is received at the same time.

form 6  
GUARDIANSHIP AND ADMINISTRATION BOARD



**1. The person's details (appointor)**

Title: ..... Surname: .....

Given Names: .....

(This form refers to this person as 'the person' in all questions)

Date of birth: .....

Other names this person may be known by: .....

.....

Where does the person usually live: .....

.....

..... Post Code: .....

Where is the person's current location (if different from above) .....

.....

..... Post Code: .....

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

.....

..... Post Code: .....

Telephone: .....

Email: .....

**2. Your details (Applicant)**

Organisation: .....

Title: ..... Surname: .....

Given Names: .....

Address: .....

..... Post Code: .....

Telephone: .....

Email: .....

Are you the person's guardian or joint guardian?

.....

What is your relationship to the person? (e.g. spouse, child, parent, case manager)

.....

How long have you known the person? .....

**3. Details about the enduring guardian instrument you are seeking to have reviewed**

Date of instrument .....

Registration number on instrument .....

**4. Other enduring guardian instruments**

Has the person made any other enduring guardian instruments that have not been revoked?

Yes

No

If yes, list all instruments:

Date of instrument .....

.....

Registration no. on instrument .....

.....

**5. Reason for review of the enduring guardian instrument**

5.1 What concerns have motivated you to make this application?

.....

.....

.....

.....

.....

.....



form 6  
GUARDIANSHIP AND ADMINISTRATION BOARD



**7. The persons response**

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

Yes. Date: .....

No. Why not: .....

.....  
.....  
.....

(NB: the person will be provided with a copy of this application and be notified of the hearing)

7.2 What views has the person expressed about this application:

.....  
.....  
.....

7.3 What are the wishes of the person with respect to the concerns that motivated this application (refer question 5.1)?

.....  
.....  
.....

**8. Does the person have a disability?**

8.1 What is the nature of the person's disability? (please specify diagnosis if known, e.g. dementia, schizophrenia, acquired brain injury, intellectual disability):

.....  
.....  
.....  
.....  
.....  
.....

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

In accordance with section 34 of the *Guardianship and Administration Act 1995* and regulation 4 of the *Guardianship and Administration Regulations 2017*, the relevant Health Care Professional Report to accompany this application is **HCPR-B (Review EG)**.

The Board requires the HCPR-B as evidence of the person's disability and capacity to make its determination.

HCPR-B attached

**9. If the Board revokes the Enduring Guardian Instrument, does the person need a Guardian?**

No

Yes – please complete an Application for Guardianship. (Form 2)

form 6  
GUARDIANSHIP AND ADMINISTRATION BOARD



**10. Evidence to support the application:**

*10.1 Who is the person's primary carer?*

Title: .....Surname: .....

Given Names: .....

\*Address: .....

.....Postcode:.....

Telephone: .....

\*Email: .....

Relationship to the person: .....

*10.2 Are there other persons who are concerned for the welfare of the person? (please name all relevant persons, including persons who do not agree with you or this application.) If you require more space, please attach an additional piece of paper.*

**Person 1**

Title: .....Surname: .....

Given Names: .....

\*Address: .....

.....Postcode:.....

Telephone: .....

\*Email: .....

Relationship to the person: .....

**Person 2**

Title: .....Surname: .....

Given Names: .....

\*Address: .....

.....Postcode:.....

Telephone: .....

\*Email: .....

Relationship to the person: .....

**Person 3**

Title: .....Surname: .....

Given Names: .....

\*Address: .....

.....Postcode: .....

Telephone: .....

\*Email: .....

Relationship to the person: .....

**Person 4**

Title: .....Surname: .....

Given Names: .....

\*Address: .....

.....Postcode: .....

Telephone: .....

\*Email: .....

Relationship to the person: .....

**Person 5**

Title: .....Surname: .....

Given Names: .....

\*Address: .....

.....Postcode: .....

Telephone: .....

\*Email: .....

Relationship to the person: .....

**\*\*It is important you ensure a postal and email address is entered for all persons listed above if known.**



form 6  
GUARDIANSHIP AND ADMINISTRATION BOARD



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

.....  
.....  
.....

.....  
.....  
.....

12.3 Does any person who may attend the hearing require an interpreter or other assistance at the hearing?

- No
- Yes – please complete this section

Name: .....

.....  
.....  
.....

Type of assistance required:

- Interpreter (language / dialect)
- Other – please specify:

.....  
.....

12.4 Does anyone attending the hearing have concerns about their personal safety?

- No
- Yes, please tell us who has concerns about their personal safety at the hearing and why:

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

form 6  
GUARDIANSHIP AND ADMINISTRATION BOARD



 All applicants must sign this declaration.

**13. Applicant's 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 the application.
  
- I understand that it is an offence to make a false or misleading statement in an application.

Name: .....

Signed: .....

Dated: .....

**Information about lodging the application**

**Before you lodge this form, make sure you have:-**

- Signed and dated the declaration in question 13
- Attached HCPR-B
- Attached other relevant documents, e.g. copies of enduring guardian instruments and enduring power of attorney, and revocations of enduring guardian instruments and enduring power of attorney.

**How to lodge the application:-**

You can lodge the completed application form, HCPR-B and attachments by:-

- Delivering it in person to:-  
Level 2, 144 Macquarie Street  
Hobart

OR

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

OR

- Emailing it to:-  
[guardianship.board@justice.tas.gov.au](mailto:guardianship.board@justice.tas.gov.au)

**What happens next?**

When the application is received, the Board's Registry staff:-

- Will write to you acknowledging receipt of the application;
- Will release the application and the documents provided to parties relevant to the application; and
- Will schedule a hearing for the application and will send a notice of hearing to you and all other parties and interested persons.

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