

form 8  
GUARDIANSHIP AND ADMINISTRATION BOARD



# Application for Consent to Treatment

Name of person about whom you are applying: .....

## Notice to applicant

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

This application is made pursuant to Part 6 of the *Guardianship and Administration Act 1995* (GAA).

## Preliminary Questions – Do you need to make this application?

### A. Does the person have capacity to consent to treatment?

There is no need to make this application if the person understands the nature and effect of the proposed treatment and has consented to or refused treatment on that basis.

### B. Special Treatment

If the proposed treatment involves treatment that is (i) reasonably likely to render the person infertile, (ii) the termination of a pregnancy, (iii) a donor transplant, (iv) psychosurgery, (v) the use of a mechanical, chemical, physical or other aversive stimulus, such treatment is called 'special treatment' and requires the consent of the Board. Therefore you should complete either this application or Form 9 – Consent to Medical or Dental Treatment.

### C. Emergency Treatment

Do you consider that the medical treatment requires as a matter of urgency to:

- Save the person's life, or
- Prevent serious damage to the person's health, or
- Prevent the person from suffering or continuing to suffer significant pain and distress?

☐ Yes – It is not necessary to seek consent in emergency circumstances (section 40 GAA)

☐ No – Proceed to next question

### D. Consent of the Person Responsible

Is there a 'person responsible' (guardian, spouse, carer, close friend or relative) who can and will give consent to this treatment?

☐ Yes – Consent can be obtained from the 'person responsible' and you do not need to complete this application.

☐ No – Is the person, who has no 'person responsible', objecting to treatment?

☐ Yes – You should complete this application

☐ No – It is lawful to treat a person, for whom there is no 'person responsible' where that person does not object to treatment and where the other requirements of section 41 GAA are met.

## 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:

# form 8

## GUARDIANSHIP AND ADMINISTRATION BOARD



### 1. Who is the application about (the proposed patient)?

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: .....

.....

Address: .....

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

Telephone: .....

Email: .....

### 2. Who is making the application?

Organisation: .....

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

Given Names: .....

Address: .....

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

Telephone: .....

Email: .....

2.1 Your relationship to the person: e.g. spouse, parent, child, case manager?

.....

### 3. Orders sought

Please describe the proposed treatment for which you seek consent:

3.1 Name of treatment

.....

.....

.....

3.2 Dosage and frequency

.....

.....

.....

3.3 Duration for which you seek consent to seek

.....

.....

.....

3.4 The date, time and place of the proposed treatment

.....

.....

.....

3.5 Details of registered practitioner who recommended the proposed treatment ☐ Same as applicant

Organisation: .....

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

Given Names: .....

Address: .....

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

Telephone: .....

Email: .....

3.6 Details of registered practitioner who will carry out or supervise the treatment ☐ Same as applicant

Organisation: .....

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

Given Names: .....

Address: .....

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

Telephone: .....

Email: .....

# form 8

## GUARDIANSHIP AND ADMINISTRATION BOARD



### 4. Does the person have a disability?

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

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

The relevant Health Care Professional Report to accompany this application is **HCPR-F (Consent Medical)**.

This application will be returned if the HCPR-F is not attached. The Board requires the HCPR-F as evidence of the person's disability and capacity to make decisions.

☐ HCPR-F attached

4.1 Are there any historical reports or assessments which may assist the Board to assess the person's capacity to understand the nature and effect of the proposed treatment? (please attach)

.....

.....

.....

.....

.....

### 5. Is the treatment in the best interests of the person?

5.1 have you told the person that you are making this application?

☐ Yes. Date: .....

☐ No. Why not: .....

.....

.....

.....

5.2 What views or wishes has the person expressed about the proposed treatment?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

5.3 What might the consequences be to the person if the proposed treatment is NOT carried out?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

# form 8

## GUARDIANSHIP AND ADMINISTRATION BOARD



5.4 Are there any alternative treatments available to the person? Describe why these treatments are not being proposed (please refer to medical advice, preferably a written medical report)

.....

.....

.....

.....

.....

.....

.....

.....

5.5 Can the treatment be postponed (i) for better treatment to become available, or (ii) to enable the person to regain capacity to give consent to the proposed treatment? (please refer to medical advice, preferably a written medical report)

.....

.....

.....

.....

.....

.....

.....

.....

5.6 Does the proposed treatment involve any significant risks or side effects? (please refer to medical advice, preferably a written medical report)

.....

.....

.....

.....

.....

.....

.....

.....

5.7 Is the person currently receiving any other form of medical treatment, or has the person already received any treatment on an emergency basis? (please refer to medical advice, preferably a written medical report)

.....

.....

.....

.....

.....

.....

.....

.....

### 6. Timing of the hearing and the commencement of treatment (if determined):

6.1 Does the application need to be heard urgently (i.e. less than 10 days)?

☐ No

☐ Yes – describe how delaying the hearing to allow 10 days notice to the person will not be in his or her best interests:

.....

.....

.....

.....

.....

.....

.....

.....

6.2 If the Board consents to treatment on behalf of the person, would there be any reasons or urgency why treatment should start immediately or prior to the expiry of an appeal period (between 4 and 10 weeks)?

.....

.....

.....

.....

.....

# form 8

## GUARDIANSHIP AND ADMINISTRATION BOARD



### 7. Information to support the application

#### 7.1 Who is the person's person responsible?

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

Given Names: .....

\*Address: .....

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

Telephone: .....

\*Email: .....

Relationship to the person: .....

#### 7.2 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/or email address is entered for all persons listed on this page.**

# form 8

## GUARDIANSHIP AND ADMINISTRATION BOARD



### 8. Has the person indicated that they wish to be legally represented or requested a 2nd medical opinion?

- ☐ No
- ☐ Yes – Please indicate name of legal or medical practitioner or organisation with whom the person has been in contact

### 9. Are there any grounds upon which the Board should give consideration to appointing an emergency guardian or administrator for the person?

### 10. Arrangements for the hearing:

The person must attend the hearing unless there are exceptional circumstances. You will need to organise arrangements for the person to attend the hearing.

*10.1 Can the person you are applying about attend the hearing?*

- ☐ Yes, go to question 10.2
- ☐ No, please state the exceptional circumstances preventing the person you are applying about from attending:

.....

.....

.....

*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, go to question 10.4
- ☐ Yes – please complete this section

Name: .....

.....

.....

Type of assistance required:

- ☐ Interpreter language / dialect
- ☐ Other – please specify:

.....

.....

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

- ☐ No, go to question 11
- ☐ Yes, please tell us who has concerns about their personal safety at the hearing and why:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

# form 8

## GUARDIANSHIP AND ADMINISTRATION BOARD



All applicants must sign  
this declaration.

### 11. Compulsory declaration by applicant.

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 11
- ☐ Attached HCPR-F

### How to lodge the application:-

You can lodge the completed application form, HCPR-F 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 staff:-

- Will write to you acknowledging receipt of the application;
- May contact you by telephone or mail to obtain more information (if necessary);
- Will release the application and the documents provided to parties relevant to the application; 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.**