

form 15  
GUARDIANSHIP AND ADMINISTRATION BOARD



## Review of Order

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 pursuant to the *Guardianship and Administration Act 1995*.

### Are you applying:-

- ☐ For a review of an existing administration order?
- ☐ For review of an existing guardianship order?

### 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*  
**03 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:

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## GUARDIANSHIP AND ADMINISTRATION BOARD



### 1. Who is the application about:

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: .....

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Address: .....

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

Telephone: .....

Email: .....

### 2. Who is making the application:

Organisation: .....

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

Given Names: .....

Address: .....

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

Telephone: .....

Email: .....

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

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

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

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This application will not be processed until the Board has  
received a completed HCPR (Health Care Professional Report)  
as evidence of the appointor's disability and capacity to make  
decisions.

The relevant HCPR to accompany this application is HCPR-A.

☐ HCPR-A attached

☐ Statutory review – order will expire on \_\_/\_\_/\_\_

☐ Other – please provide details.

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☐ Yes

☐ No – why not?

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- ☐ Disability?
- ☐ Capacity to make reasonable decisions?
- ☐ Need for an administrator / guardian? (including a change in the conditions or limitations included in the order.)

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## GUARDIANSHIP AND ADMINISTRATION BOARD



### 5. Evidence to support the application:

#### 5.1 Who is the person's primary carer?

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

Given Names: .....

\*Address: .....

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

Telephone: .....

\*Email: .....

Relationship to the person: .....

#### 5.2 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 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.**

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**6. Financial details for the person**

Source of income (e.g. salary, Centrelink, DVA, superannuation etc)

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Estimated fortnightly income:

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Estimated savings or investments (including superannuation.  
Please provide names of financial institutions where known):

Institution:	Amount:
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2. ....	.....
3. ....	.....
4. ....	.....
5. ....	.....

Real Estate: (please provide addresses)

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

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Estimated fortnightly expenses (e.g. rent, board, Aged Care fees,  
utilities etc)

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

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## GUARDIANSHIP AND ADMINISTRATION BOARD



### 7. 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.

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

- ☐ Yes, go to question 7.2.
- ☐ No, please state the exceptional circumstances preventing the person you are applying about from attending:

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

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

- ☐ No, go to question 7.4.
- ☐ Yes – please complete this section.

Name: .....

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Type of assistance required:

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

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

- ☐ No, go to question 8.
- ☐ Yes, please tell us who has concerns about their personal safety at the hearing and why:

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## GUARDIANSHIP AND ADMINISTRATION BOARD



All applicants must sign  
this declaration.

### 8. 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 8
- ☐ Attached HCPR-A
- ☐ Attached other relevant documents, e.g. copy of EPA

### How to lodge the application:-

You can lodge the completed application form, HCPR-A 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.**