

form 9
GUARDIANSHIP AND ADMINISTRATION BOARD



Sterilisation

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*.

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@](mailto:guardianship.board@justice.tas.gov.au)

justice.tas.gov.au

Or visit our website at:

www.guardianship.tas.gov.au

Office Use:

CMS:

EG:

EPA:

MN:

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GUARDIANSHIP AND ADMINISTRATION BOARD



1. Who is this 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:

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

Telephone:

Email:

2. Who is making this application?

Organisation:

Title: Surname:

Given Names:

Address:

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

Telephone:

Email:

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

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3. Information about the person's current situation

Has the person shown ability in the past to develop new skills and/or adapt to change? (explain your answer)

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3.1 Has menstruation occurred, if so when did it commence?

- No
- Yes, when?

3.2 What is the person's understanding of menstruation?

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3.3 What is the impact of menstruation on the person's health and behaviour? (Please include comments about current strategies for coping, severity of bleeding, frequency, and reproductive health and outline any problems that may exist)

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4. Information about alternatives

Have you discussed in detail the less invasive medical alternatives to sterilisation with a medical practitioner?

- No
- Yes, who?

4.1 If you are aware of the alternatives, which have been attempted with the patient and what has been the effect on the person?

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4.2 If you aware of the alternatives and they have not attempted, why have they not been attempted?

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 All applicants must sign this declaration.

6. 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 6
- Attached the Health Care Professional Report – G (HCPR-G)
- Attached other relevant documents

How to lodge the application:-

You can lodge the completed application form 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

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 appreciate