



Application for Approval of a Restrictive Intervention

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@justice.tas.gov.au
Or visit our website at:
www.guardianship.tas.gov.au

Office Use:
CMS:
EG:
EPA:
MN:

form 10 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:

.....

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?
.....

The applicant is a:

- Disability Service Provider
- Funded Private Person
- Person with a disability named in question 1 above
- Person nominated by the person with a disability named in question 1 above

3. Statement from the Senior Practitioner

This application is supported by a recommendation of the Senior Practitioner

.....

Dated

Please attach report to this application – not necessary for a review of an existing approval

The relevant Health Care Professional Report to accompany this application is **HCPR-A (General)**.

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

HCPR-A attached

4. Description of the restrictive intervention for which approval is sought

- Personal restriction Environmental restriction

Describe

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

5. For how long are you seeking approval for a restrictive intervention?

- Up to 90 days Up to 6 months
- Up to 2 years

form 10
GUARDIANSHIP AND ADMINISTRATION BOARD



6. Has the person nominated a person with whom they wish the Board to consult on their behalf regarding this application?

Yes

Title: Surname:

Given Names:.....

Address:

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

Telephone:

Email:

Relationship to person:

No

Ascertained by

Date

7. Are there persons who have expertise in the carrying out of restrictive interventions of the type described in question 4 above?

Yes

Title: Surname:

Given Names: .

Address:

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

Telephone:

Email:

Relationship to person:

No

Ascertained by

Date

8. What is the primary purpose of the restrictive intervention? Describe:

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

9. Can this purpose be effected by any other intervention which would be less restrictive of the person's freedom of decision and action?

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

10. Is the proposed restrictive intervention in the best interests of the person names in question 1 above? Describe:

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

form 10

GUARDIANSHIP AND ADMINISTRATION BOARD



11. What will be the consequences to the person named in question 1 above if the restrictive intervention is carried out?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

12. What will be the consequences to the person named in question 1 above if the restrictive intervention is NOT carried out?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

13. Are there any reasonably suitable alternative methods which are able to be used in relation to the person named in question 1 to control his or her behaviour?

.....

.....

.....

.....

.....

.....

.....

.....

14. Describe the nature and degree of any significant risks to the person named in question 1 if the restrictive intervention is carried out.

.....

.....

.....

.....

.....

15. Will carrying out the restrictive intervention promote or reduce the health and wellbeing of the person named in question 1? Describe:

.....

.....

.....

.....

16. Does the person have a disability, and if so what is the nature of the person's disability? (Please specify diagnosis if known, e.g. acquired brain injury, intellectual disability):

.....

.....

.....

.....

.....

17. Does the disability result in a substantial restriction in the capacity of the person to work or participate in social or cultural life; and needs continuing significant support services?

.....

.....

.....

form 10
GUARDIANSHIP AND ADMINISTRATION BOARD



18. Evidence to support the application:

18.1 Who is the person's primary carer?

Title:Surname:

Given Names:

*Address:

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

Telephone:

*Email:

Relationship to the person:

18.2 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 10
GUARDIANSHIP AND ADMINISTRATION BOARD



19. What are the person's wishes

19.1 *have you told the person that you are making this application?*

- Yes. Date:
- No. Why not:

19.2 *What views has the person expressed about this application:*

19.3 *What are the wishes of the person with respect to the approved restrictive intervention?*

20. 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.

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

- Yes, go to question 19.2.
- No, please state the exceptional circumstances preventing the person you are applying about from attending:

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

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

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

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

- No, go to question 19.4.
- Yes – please complete this section.

Name:

.....
.....

Type of assistance required:

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

.....
.....

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

- No, go to question 20.
- Yes, please tell us who has concerns about their personal safety at the hearing and why:

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

form 10

GUARDIANSHIP AND ADMINISTRATION BOARD



All applicants must sign this declaration.

21. 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 questions 20
- Attached report of the Senior Practitioner
- Attached HCPR-A

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

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.