

# form 12

## GUARDIANSHIP AND ADMINISTRATION BOARD



## Advice and Direction

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

- ☐ As a guardian seeking advice and direction pursuant to section 31 of the Guardianship and Administration Act 1995?
- ☐ As an administrator seeking advice and direction pursuant to section 61 of the Guardianship and Administration Act 1995
- ☐ As an enduring guardian seeking advice pursuant to section 35 of the Guardianship and Administration Act 1995?
- ☐ As an attorney acting under an enduring power of attorney seeking advice pursuant to section 35 of the Powers of Attorney Act 2000?

### When to seek 'advice and direction'

A substitute decision maker (guardian, enduring guardian, administrator or attorney) may seek advice and direction from the Board regarding the scope of their appointment or the exercise of any power by the substitute decision maker under the terms of his or her appointment. Such applications are usually reserved for questions that require a specific legal determination or relate to 'conflict of interests' issues and are not usually required for day-to-day decision maker.

### 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](mailto: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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### 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? (guardian, enduring guardian, administrator or attorney)

Organisation: .....

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

Given Names: .....

Address: .....

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

Telephone: .....

Email: .....

Role (please tick):

☐ guardian

☐ enduring guardian

☐ administrator

☐ attorney

If you are an enduring guardian or an attorney, please provide the registration number of the instrument under which you have been appointed

Registration No: .....

### 3. What concerns have motivated you to make this application?

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3.1 Are you seeking a variation of the instrument or order?

☐ No

☐ Yes – Please describe the order you wish the Board to make.

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

5.1 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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.....

Please contact staff at the Board to discuss whether an HCPR is required for this application. If so, the relevant HCPR to accompany this application is HCPR-A (General).

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### 6. Evidence to support the application:

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

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

Given Names: .....

\*Address: .....

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

Telephone: .....

\*Email: .....

Relationship to the person: .....

#### 6.2 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 supporting this page.**

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6.3 Has the person been assessed by an Aged Care Assessment Team?

- ☐ Yes.  
☐ No.

6.4 Has the person made a will?

- ☐ No.  
☐ Unsure.  
☐ Yes – please give details of the person or organisation who holds the will.

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

Given Names: .....

Address: .....

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

Telephone: .....

Email: .....

Relationship to the person: .....

### 7. Financial details of 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:
1. ....	.....
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



All applicants must sign  
this declaration.

### 9. 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 9
- ☐ Attached any relevant medical reports
- ☐ Attached other relevant documents, e.g. copy of EPA

### 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](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.**