

Application regarding an Advance Care Directive (ACD)

Name of person about whom you are applying:

Notice to applicant

The person about whom this application is made will be provided with a copy of this application and notified of a hearing pursuant to the *Guardianship and Administration Act 1995*.

Why are you making an application to the Tribunal?

- Advice and direction in relation to an advance care directive.
- An order revoking or varying an advance care directive.
- Review of a matter in relation to an advance care directive that has been dealt with by the Public Guardian.
- Any other determination in relation to an advance care directive.

If the person has not made an Advance Care Directive this is the incorrect application form.

What is an advance care directive?

An advance care directive (ACD) is a legal document that enables a person to say what healthcare treatment they would like to have or refuse should they be in a position where they are unable to make or communicate decisions about their care and treatment. A Revocation of an ACD is a legal document that revokes an ACD.

Further information available in Fact Sheet – Advance Care Directive

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:

1800 657 500

Email: guardianship@tascat.tas.gov.au

Or visit our website at:
www.tascat.tas.gov.au

Office Use:

CMS:

EG:

EPA:

MN:

Application regarding an Advance Care Directive Protective Division - Guardianship Stream

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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Where does the person usually live?

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..... Post Code:

Where is the person currently located (if different from above)

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..... Post Code:

What is the person’s mailing address (if different from above)

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..... Post Code:

Telephone:

Email:

2. Who is making the 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. Eligibility to make an application?

Only certain people are eligible to make an application in relation to an advance care directive. Please indicate whether you (the applicant) are:

- the person;
- an authorised decision maker for the person (guardian or person responsible);
- a health practitioner providing, or proposing to provide, health care to the person;
- a health service provided from whom the person is receiving, or is proposed to receive, health care;
- a party to a mediation held, in respect of the advance care directive, by the Public Guardian; or
- other (please specify)

4. Details of the advance care directive:

Date of advance care directive:

Is the advance care directive registered with the Tribunal?

- Yes (registration no.)
- No
- Unsure

5. What orders are you seeking from the Tribunal?

- Advice and direction.
- An order varying the advance care directive.
- An order revoking the advance care directive.
- An order confirming, varying or cancelling an agreement reached at mediation.
- A determination that the person did or did not have the decision-making ability to make the advance care directive.
- A determination that the person did or did not have impaired decision-making ability in relation to any of the provisions in the advance care directive.
- A determination that the advance care directive, or a provision of the advance care directive, is valid or invalid.
- A determination that a person does or does not have authority to make a decision in relation to a provision of the advance care directive.

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5.1 What concerns have motivated you to make this application?

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6. Does the person have impaired decision-making ability?

Is the person:

- unable to understand information relevant to health care decisions;
- unable to retain information relevant to health care decisions;
- unable to use or weight information relevant to health care decisions; or
- unable to communicate health care decisions (whether by speech gesture or other means).

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A Health Care Professional Report should accompany this application. The Tribunal requires the **Health Care Professional Report** as evidence of the person's decision making ability. This application will be returned if the **Health Care Professional Report**, or a statement detailing the reasons why the report cannot be provided, is not attached.

Health Care Professional Report attached

7. What are the person's wishes?

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

Yes. Date:

No. Why not:

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7.2 What views has the person expressed about this application:

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7.3 What are the wishes of the person with respect to the concerns that motivated this application (refer questions 5.1 and 6.1)?

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8. Evidence to support the application:

8.1 Who is the person's close relative or significant other?

Title: Surname:

Given Names:

*Address:

..... Postcode:

Telephone:

*Email:

Relationship to the person:

8.2 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:

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*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.**

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

- Yes.
- No.

8.4 *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:

8.5 *Has the person registered an enduring guardianship?*

- No.
- Unsure.
- Yes – please provide details.

Guardian:

Title: Surname:

Given Names:

Address:

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

Telephone:

Email:

(If more than one guardian, please attach an additional piece of paper.)

Date guardian appointed:

8.6 *Has the person registered an Enduring Power of Attorney (EPA)?*

- No.
- Unsure.
- Yes – please provide details about the EPA.

Attorney:

Title: Surname:

Given Names:

Address:

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

Telephone:

Email:

(If more than one attorney, please attach an additional piece of paper.)

Date EPA was appointed:

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9. 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.

9.1 Can the person you are applying about attend the hearing?

- Yes, go to question 9.2.
- No, please state the exceptional circumstances preventing the person you are applying about from attending:

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

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

- No, go to question 9.4.
- Yes – please complete this section.

Name:

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Type of assistance required:

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

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

- No, go to question 10.
- Yes, please tell us who has concerns about their personal safety at the hearing and why:

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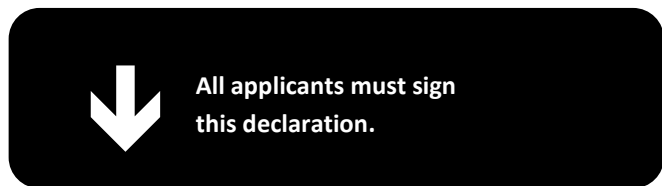
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10. Compulsory declaration by applicant.

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 10.
- Attached Health Care Professional Report
- Attached other relevant documents, e.g. copy of ACD.

How to lodge the application:-

You can lodge the completed application form, Health Care Professional Report and attachments by:-

- Delivering it in person to:-
38 Barrack Street
Hobart

OR

- Mailing it to:-
TASCAT
Guardianship Stream
GPO Box 1311
HOBART TAS 7001

OR

- Emailing it to:-
guardianship@tascat.tas.gov.au

What happens next?

When the application is received, the Tribunal'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.