

For office use only	
Case number:	
Date:	
Registry:	
Sent to:	

Application for administration/ guardianship appointment or review

Refer to the instructions at the back of this application prior to filling out this form.

Part A	APPLICATION DETAILS
What are you applying for?	
<input type="checkbox"/> an appointment of an administrator	<input type="checkbox"/> review of the appointment of a guardian
<input type="checkbox"/> an appointment of a guardian	<input type="checkbox"/> review of the appointment of a guardian for restrictive practices
<input type="checkbox"/> an appointment of a guardian for restrictive practices	<input type="checkbox"/> approval of containment/seclusion/other restrictive practices
<input type="checkbox"/> review of the appointment of an administrator	
Has a previous application about the person concerned ('the Adult') been made to QCAT?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, please provide the Tribunal's client number, if known:	
<input type="text"/>	

Part B	PERSON THIS APPLICATION IS ABOUT		
(referred to as 'the Adult') (full contact details must be supplied)			
Name			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Given name/s	Middle name	Surname/Family name
Gender		Date of birth	Marital status
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
		Day Month Year	

What is the Adult's cultural background?

Is the Adult of Aboriginal or Torres Strait Islander origin?

No

Yes, Torres Strait Islander

Yes, Aboriginal

Yes, both Aboriginal and Torres Strait Islander

What is the Adult's current address?

Name of service provider (if applicable)

Address

Suburb

State/Territory

Postcode

Contacts

Preferred phone number

Alternative number

Email

What type of accommodation is this? (hostel, own home, rental property)

What is the Adult's usual address? (if different)

Name of service provider (if applicable)

Address

Suburb

State/Territory

Postcode

Contacts

Preferred phone number

Alternative number

Email

What type of accommodation is this? (hostel, own home, rental property)

1. Have you informed the adult about this application?

Yes — how did the Adult respond? (please describe briefly)

No — why not? (please explain briefly)

NOTICE TO APPLICANTS

The Adult will be provided with a copy of this application and notified of a hearing for this proceeding pursuant to the *Guardianship and Administration Act 2000* and the *Queensland Civil and Administrative Tribunal Rules 2009*, unless the Tribunal determines otherwise.

2. Decision-making capacity

What is the cause of the Adult's impaired capacity?

dementia
(mental confusion due to a condition such as Alzheimer's disease, senility or some other degenerative disease)

psychiatric disability/mental illness
(a diagnosed condition such as schizophrenia or bi-polar affective disorder)

intellectual disability
(a condition that has affected the person since birth or early childhood)

acquired brain injury or cognitive disability
(as a result of accident, illness or other causes)

drug or alcohol related

other
(any other condition that reduces the ability to make decisions about personal or financial matters, please specify below)

3. Attorney, administrator or guardian

Has the person made an enduring power of attorney or made an advance health care directive or had an administrator or guardian appointed?

Yes — you must attach copies of the relevant forms (e.g. enduring power of attorney or advance health care directive) if available, and provide information about the attorney, administrator or guardian in Question 4.

No

Unsure — please give contact details of anyone who might know.

4. Information about any attorney, administrator, guardian

List all known attorneys/administrators/guardians below.

Who is this information about: Attorney Administrator Guardian

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Title

Given name/s

Surname/Family name

Full postal address

<input type="text"/>

Suburb

State/Territory

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Contact details

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Mobile phone number

Daytime phone number

Email

Relationship to the Adult

<input type="text"/>

- TICK ONE BOX:**
- I have spoken to this person and they agree with this application.
 - I believe they will agree to this application but I have not been able to speak with them.
 - I have spoken to this person and they do not agree with this application.
 - I believe they will not agree to this application but I have not been able to speak to them.

Information about any attorney, administrator, guardian

Who is this information about: Attorney Administrator Guardian

Name

Title

Given name/s

Surname/Family name

Full postal address

Suburb

State/Territory

Postcode

Contact details

Mobile phone number

Daytime phone number

Email

Relationship to the Adult

- TICK ONE BOX:** I have spoken to this person and they agree with this application.
 I believe they will agree to this application but I have not been able to speak with them.
 I have spoken to this person and they do not agree with this application.
 I believe they will not agree to this application but I have not been able to speak to them.

Information about any attorney, administrator, guardian

Who is this information about: Attorney Administrator Guardian

Name

Title

Given name/s

Surname/Family name

Full postal address

Suburb

State/Territory

Postcode

Contact details

Mobile phone number

Daytime phone number

Email

Relationship to the Adult

- TICK ONE BOX:** I have spoken to this person and they agree with this application.
 I believe they will agree to this application but I have not been able to speak with them.
 I have spoken to this person and they do not agree with this application.
 I believe they will not agree to this application but I have not been able to speak to them.

5. Known relatives and friends

List all of the known relatives and friends who have a close and continuing relationship with the Adult. Photocopy or print this page as many times as needed for additional relatives and friends.

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Given name/s	Surname/Family name

Full postal address

Suburb

State/Territory

Postcode

Contact details

<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile phone number	Daytime phone number	Email

Relationship to the Adult

- TICK ONE BOX:**
- I have spoken to this person and they agree with this application.
 - I believe they will agree to this application but I have not been able to speak with them.
 - I have spoken to this person and they do not agree with this application.
 - I believe they will not agree to this application but I have not been able to speak to them.

Known relatives and friends

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Given name/s	Surname/Family name

Full postal address

Suburb

State/Territory

Postcode

Contact details

<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile phone number	Daytime phone number	Email

Relationship to the Adult

- TICK ONE BOX:**
- I have spoken to this person and they agree with this application.
 - I believe they will agree to this application but I have not been able to speak with them.
 - I have spoken to this person and they do not agree with this application.
 - I believe they will not agree to this application but I have not been able to speak to them.

Known relatives and friends

Name

Title

Given name/s

Surname/Family name

Full postal address

Suburb

State/Territory

Postcode

Contact details

Mobile phone number

Daytime phone number

Email

Relationship to the Adult

- TICK ONE BOX:**
- I have spoken to this person and they agree with this application.
 - I believe they will agree to this application but I have not been able to speak with them.
 - I have spoken to this person and they do not agree with this application.
 - I believe they will not agree to this application but I have not been able to speak to them.

Known relatives and friends

Name

Title

Given name/s

Surname/Family name

Full postal address

Suburb

State/Territory

Postcode

Contact details

Mobile phone number

Daytime phone number

Email

Relationship to the Adult

- TICK ONE BOX:**
- I have spoken to this person and they agree with this application.
 - I believe they will agree to this application but I have not been able to speak with them.
 - I have spoken to this person and they do not agree with this application.
 - I believe they will not agree to this application but I have not been able to speak to them.

6. Known service providers

List all of the known service providers who provide services to the Adult. Photocopy or print this page as many times as needed for additional service providers.

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Given name/s	Surname/Family name

Name of service provider

Full postal address

Suburb

State/Territory

Postcode

Contact details

<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile phone number	Daytime phone number	Email

- TICK ONE BOX:**
- I have spoken to this person/service provider and they agree with this application.
 - I believe they will agree to this application but I have not been able to speak with them.
 - I have spoken to this person/service provider and they do not agree with this application.
 - I believe they will not agree to this application but I have not been able to speak to them.

Known service providers

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Given name/s	Surname/Family name

Name of service provider

Full postal address

Suburb

State/Territory

Postcode

Contact details

<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile phone number	Daytime phone number	Email

- TICK ONE BOX:**
- I have spoken to this person/service provider and they agree with this application.
 - I believe they will agree to this application but I have not been able to speak with them.
 - I have spoken to this person/service provider and they do not agree with this application.
 - I believe they will not agree to this application but I have not been able to speak to them.

7. Assistance at the tribunal hearing

The Tribunal encourages the Adult to participate in the hearing.

How will the Adult participate in the hearing?

In person By telephone Other — please specify below

Will anyone be accompanying the Adult to the hearing?

Yes — contact details must be provided below if different from the Applicant (Part F).

No

Name

Title

Given name/s

Surname/Family name

Full postal address

Suburb

State/Territory

Postcode

Contact details

Mobile phone number

Daytime phone number

Email

Relationship to the Adult

Will the Adult require an interpreter at the Tribunal hearing?

Yes — please specify language or Auslan

No

Does the Adult have any of the following needs?

wheelchair/mobility access for speech impairment other

for hearing impairment/loss for vision impairment/loss

If you have ticked any of these boxes, please provide details below.

3. Financial details

Please complete the Adult's financial details to the best of your knowledge.

Adult's fortnightly income

Pension	\$	Other	\$
---------	----	-------	----

Adult's fortnightly expenditure

Accommodation	\$	Telephone	\$
Gas/electricity	\$	Vehicle	\$
Food	\$	Other	\$
Credit card/mortgage/other loan repayments			\$

Adult's assets	Ownership	Current balance
Bank <i>Name of bank/institution</i>	<input type="checkbox"/> Jointly <input type="checkbox"/> Sole	\$
Bank <i>Name of bank/institution</i>	<input type="checkbox"/> Jointly <input type="checkbox"/> Sole	\$
Bank <i>Name of bank/institution</i>	<input type="checkbox"/> Jointly <input type="checkbox"/> Sole	\$
Please attach copies of relevant accounts/statements.		Total \$

	Ownership	Current value
Real estate <i>Address</i>	<input type="checkbox"/> Jointly <input type="checkbox"/> Sole	\$
Car <i>Model</i>	<input type="checkbox"/> Jointly <input type="checkbox"/> Sole	\$
Shares	<input type="checkbox"/> Jointly <input type="checkbox"/> Sole	\$
Superannuation <i>Company name</i>	<input type="checkbox"/> Jointly <input type="checkbox"/> Sole	\$
Trusts/Private companies	<input type="checkbox"/> Jointly <input type="checkbox"/> Sole	\$
Other financial interests	<input type="checkbox"/> Jointly <input type="checkbox"/> Sole	\$

Adult's debts		Ownership	Current balance
Mortgage	<i>Lender</i>	<input type="checkbox"/> Jointly <input type="checkbox"/> Sole	\$
Other loans	<i>Lender</i>	<input type="checkbox"/> Jointly <input type="checkbox"/> Sole	\$
Credit cards	<i>Details of card 1</i>	<input type="checkbox"/> Jointly <input type="checkbox"/> Sole	\$
	<i>Details of card 2</i>	<input type="checkbox"/> Jointly <input type="checkbox"/> Sole	\$
Debts to friends or family			\$
Other debts owing			\$

4. Who should be the adult's administrator/s?

the Public Trustee of Queensland

yourself and/or somebody else

All proposed private administrators must complete and sign:

- Appropriateness and competence advice (Question 6); and
- [Financial Management Plan](#).

5. How should the administrator/s be appointed?

Solely

Jointly

Jointly and severally

Successively

ONLY COMPLETE THE APPROPRIATENESS AND COMPETENCE ADVICE IF YOU ARE NOT SEEKING THE APPOINTMENT OF THE PUBLIC TRUSTEE OF QUEENSLAND OR A PRIVATE TRUSTEE COMPANY

6. Appropriateness and competence advice

I
Given name/s Surname/Family name

of
Address

agree to the proposed nomination as administrator for

Insert Adult's full name

and do solemnly and sincerely declare as follows:

1. I am not under the age of 18 years.
2. I am not, nor have I ever been, a paid carer for the Adult
3. I am not a health provider for the Adult.
4. I do not have a criminal history in Queensland or elsewhere.
5. I have not been refused or removed from an appointment as a guardian, administrator, attorney or other person making a decision for someone else, in Queensland or elsewhere.
6. I am not bankrupt or taking advantage of the laws of bankruptcy under the *Bankruptcy Act 1966* or a similar law of a foreign jurisdiction.
7. I have never been bankrupt or taken advantage of the laws of bankruptcy under the *Bankruptcy Act 1966* or a similar law of a foreign jurisdiction.
8. I am not proposing to make, and have never made, an arrangement with my creditors under the *Bankruptcy Act 1966* or a similar law of a foreign jurisdiction.
9. I am not and never was a director, secretary or partner, or involved in the management of a corporation, partnership or other entity that is proposing to be, is or has been under external administration.
10. There is no likely conflict between my duties as administrator for this Adult and either:
 - (a) my own interests or the interests of anyone in a close personal or business relationship with me, or
 - (b) any other duties I may have as a guardian or administrator for any other person.

Proposed administrator's signature

Date

Place of birth

WARNING

Section 216 of the *Queensland Civil and Administrative Tribunal Act 2009* makes it an offence for a person to knowingly give the registry documents containing false or misleading information.

Maximum penalty for such an offence – 100 penalty units.

ONLY COMPLETE PART D IF YOU ARE APPLYING FOR THE APPOINTMENT OR REVIEW OF A GUARDIAN

Part D

APPOINTMENT OF A GUARDIAN OR A REVIEW OF THE APPOINTMENT OF A GUARDIAN

A guardian is a person appointed by the Tribunal to make decisions about personal matters, such as health care, accommodation, employment and support services. The Tribunal will only appoint a guardian if there is no other way to ensure the interests of the Adult concerned are adequately protected and their needs are adequately met. If there are adequate informal arrangements in place for making personal decisions and your application only relates to financial matters, please go to Part F.

1. How are the adult's personal decisions currently being made?

by the Adult

by the Adult's statutory health attorney/s

by an attorney designated under an enduring power of attorney
(please attach a copy of the document and provide details about the attorney/s)

by a guardian already appointed in Queensland or another State/Territory
(please attach a copy of the order)

informally
(please provide details in Part B – known relatives and friends or known service providers)

other
(please specify below)

If the informal arrangements for decision-making are working well there may be no need for the formal appointment of a guardian to make personal decisions for the Adult.

Is the Adult subject to one of the following:

a forensic order
(please attach a copy of the order)

a treatment authority
(please attach a copy of the treatment authority)

ONLY COMPLETE THE APPROPRIATENESS AND COMPETENCE ADVICE IF YOU ARE NOT SEEKING THE APPOINTMENT OF THE PUBLIC GUARDIAN

5. Appropriateness and competence advice

I
Given name/s *Surname/Family name*

of
Address

agree to the proposed nomination as guardian for

Insert Adult's full name

and do solemnly and sincerely declare as follows:

1. I am not under the age of 18 years.
2. I am not, nor have I ever been, a paid carer for the Adult.
3. I am not a health provider for the Adult.
4. I do not have a criminal history in Queensland or elsewhere.
5. I have not been refused or removed from an appointment as a guardian, administrator, attorney or other person making a decision for someone else, in Queensland or elsewhere.
6. There is no likely conflict between my duties as guardian for this Adult and either:
 - (a) my own interests or the interests of anyone in a close personal or business relationship with me, or
 - (b) any other duties I may have as a guardian or administrator for any other person.

Proposed guardian's signature

Place of birth

Date

WARNING

Section 216 of the *Queensland Civil and Administrative Tribunal Act 2009* makes it an offence for a person to knowingly give the registry documents containing false or misleading information.
Maximum penalty for such an offence – 100 penalty units.

ONLY COMPLETE PART E IF YOU ARE SEEKING AN ORDER ABOUT RESTRICTIVE PRACTICES

Part E AN ORDER ABOUT RESTRICTIVE PRACTICES

An order about restrictive practices can only be made for an Adult who receives services from a relevant service provider. The use of restrictive practices in response to challenging behaviours can only occur when it can be demonstrated that other less restrictive practices are not sufficient to protect the person and/or others from harm. **Do not complete this section for an Adult who receives aged care services.**

Are any of the following restrictive practices being used or are intended to be used for the Adult?

- seclusion
 containment

You must attach a multidisciplinary assessment and undertake to provide a positive behaviour support plan prior to the hearing.

- chemical restraint
 mechanical restraint
 physical restraint

You must attach a detailed description about the Adult's behaviours that are likely to cause harm to the Adult or other persons.

- restricting access to objects (please specify) :

If you are seeking the appointment of a guardian to provide consent for the use of the following restrictive practices: chemical restraint, mechanical restraint, physical restraint and/or restricting access to objects, who do you propose be appointed?

- the Public Guardian
 the proposed guardian referred to in question 5 of Part D
 some other person (please complete only questions 4 and 5 of Part D)

Is the Adult subject to one of the following:

- a forensic order (please attach a copy of the order)

 a treatment authority (please attach a copy of the treatment authority)

If you are seeking a review of the appointment of a guardian for restrictive practices, explain why you are seeking a review

Which service providers are using restrictive practices?

(if there is more than two service providers using restrictive practices please provide details on a separate sheet and attach it to this form)

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Given name/s	Surname/Family name

Name of service provider

Full postal address

Suburb

State/Territory

Postcode

Contact details

<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile phone number	Daytime phone number	Email

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Given name/s	Surname/Family name

Name of service provider

Full postal address

Suburb

State/Territory

Postcode

Contact details

<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile phone number	Daytime phone number	Email

What services are being provided to the Adult?

- accommodation/community support/other respite community access service

I	
<input type="text"/>	
being the authorised representative of	
<input type="text"/>	
service certify that the said service will keep and implement a procedure in relation to restrictive practices in accordance with s193 of the <i>Disability Services Act</i> 2006.	
Authorised representative	Date
<input type="text"/>	<input type="text"/>

Part F

APPLICANT

Are you making this application about yourself as the Adult?

- Yes — go to the Checklist
- No — provide your details below

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Given name/s	Surname/Family name

Full postal address

Suburb

State/Territory

Postcode

Contact details

Mobile phone number

Daytime phone number

Email

What is your relationship to Adult?

WHAT YOU NEED TO KNOW

- you are expected to attend the hearing
- you are expected to bear your own costs in attending the hearing including the costs of any telephone calls
- you are expected to make arrangements for the Adult to appropriately participate in the hearing or inform the Tribunal why you consider the Adult cannot participate in the hearing
- you are expected to notify the Tribunal if the Adult moves, passes away or there is a change in the Adult's decision-making capacity
- you may seek to withdraw this application in writing (stating your reasons) but the Tribunal may not approve the withdrawal

CHECKLIST

- I have completed all of the questions on this application form according to the instructions.
- I have attached all relevant documents (including the **Health Professional Report** and medical reports by other health professionals about the Adult's capacity for decision-making).
- The appropriateness and competence advice has been completed by all proposed appointees.
- I am ready to proceed with this application.

WARNING

Section 216 of the *Queensland Civil and Administrative Tribunal Act 2009* makes it an offence for a person to knowingly give the registry documents containing false or misleading information.
Maximum penalty for such an offence – 100 penalty units.

SIGN AND DATE HERE

The information in this application is true to the best of my knowledge.

Applicant/s sign here

Date

Print name/s

LODGEMENT DETAILS

Deliver to:	Mail to:	Email to:
Queensland Civil and Administrative Tribunal Floor 11, 259 Queen Street Brisbane Qld 4000 or at any local Magistrates Court	Queensland Civil and Administrative Tribunal GPO Box 1639 Brisbane Qld 4001	enquiries@qcat.qld.gov.au

INSTRUCTIONS FOR COMPLETING FORM 10

Application for administration/guardianship appointment or review

QCAT has jurisdiction to appoint or review the appointment of an administrator and/or guardian and to review or make orders about restrictive practices under the *Guardianship and Administration Act 2000*.

A review of an appointment of a guardian and/or an administrator will be conducted by the Tribunal at the end of the period of the appointment as ordered by the Tribunal except in cases where:

- new and relevant information has become available since the hearing; or
- a relevant change in circumstances has occurred since the hearing; or
- relevant information that was not presented to the Tribunal at the hearing has become available;

And, in accordance with s31 *Guardianship and Administration Act 2000*:

- the current appointee is no longer competent; or
- another person is more appropriate for appointment.

HOW TO COMPLETE THE FORM

PART A — Application details

You must indicate which appointment or order you are applying for and whether a previous application has been made to QCAT. You must complete Parts A, B and F of this application. Complete Part C if the order you seek relates to the appointment or review of the appointment of an administrator. Complete Part D if the order you seek relates to the appointment or review of the appointment of a guardian. If you are seeking an order relating to the appointment or review of the appointment of a guardian for restrictive practices complete Part E of the form. You may also have to complete questions 4 and 5 of Part D depending upon whom you propose for appointment. It is important that all persons proposed for appointment complete the relevant appropriateness and competence advice.

PART B — Person this application is about

The Tribunal will refer to the person this application is about as 'the Adult'.

The Adult has capacity for decision-making if they are capable of understanding the nature and effect of the decisions they are making and can freely and voluntarily make those decisions and can communicate those decisions in some way.

You must submit with this application, a current [Health Professional Report](#), which is available at qcat.qld.gov.au or by calling the QCAT registry on 1300 753 228. Alternatively, a comprehensive written report about the Adult's capacity for decision-making may be accepted. Any report must be prepared by a health professional such as a geriatrician, psychiatrist, psychologist or general practitioner. In some circumstances, the health professional may send the report directly to the QCAT registry after you have submitted your application.

NOTE: The Tribunal may reject your application without a current report by a health professional.

Information about an attorney, administrator or guardian

If the Adult has made an enduring power of attorney or an advance health directive, you must attach copies of the relevant forms. You must also provide the contact details of any attorney, administrator or guardian.

An enduring power of attorney is a document whereby a person formally appoints another person/s to make decisions for them. An enduring power of attorney is not revoked by the principal becoming a person with impaired capacity for decision making.

Assistance at the Tribunal hearing

The Tribunal encourages the Adult to participate in the hearing. The Adult may participate in the hearing by attending in person, by telephone or by some other appropriate arrangement. The applicant is responsible for making appropriate arrangements for the Adult to participate in the hearing. If the Adult cannot participate in the hearing, the applicant must, prior to the scheduled hearing date, inform the QCAT registry, of the reason why the Adult is unable to participate. Failure to do so may result in the hearing being vacated or adjourned.

PART C — Appointment of administrator or a review of the appointment of an administrator

An administrator is a person who can make decisions about financial matters for an Adult with impaired decision-making capacity. The Tribunal will only appoint an administrator if there is no other way to ensure that the interests of the Adult are adequately protected and their needs adequately met.

You may consider applying if:

- the Adult's financial interests are at risk;
- disputes have arisen between the informal decision-makers;
- the Adult is making or likely to make a decision that is financially detrimental;
- documents need to be signed on behalf of the Adult (e.g. contracts).

The person you propose to be the administrator should be someone who is willing, competent and available. You can propose yourself, a family member, a friend, the Public Trustee or a private trustee company.

A person is eligible for appointment as an administrator for an Adult if the person is:

- at least 18 years old;
- not a paid carer for the Adult;
- not a health provider for the Adult;
- not bankrupt or taking advantage of the laws of bankruptcy.

The Tribunal may appoint one or more administrators. If the Tribunal appoints more than one administrator, the administrators may be appointed:

- Jointly – all appointed administrators must make decisions together.
- Jointly and severally – the appointed administrators can make decisions together or one of them can make the decision.
- Successively – the successive administrator can make decisions when the first appointed administrator is no longer able to do so.

Important: All proposed administrator/s except the Public Trustee of Queensland and a private trustee company must complete and sign:

- an appropriateness and competence advice; and
- a [Financial Management Plan](#).

The [Financial Management Plan](#) is available at qcat.qld.gov.au or by calling the QCAT registry on 1300 753 228.

PART D — Appointment of a guardian or a review of the appointed guardian

A guardian is a person appointed by the Tribunal to make decisions about personal matters, such as accommodation, support services and employment. The Tribunal will only appoint a guardian if there is no other way to ensure the interests of the Adult are adequately protected and their needs adequately met.

Most health care decisions can be made by a spouse, family member or close friend without the need to make a guardianship application to the Tribunal. The law calls such a decision-maker a statutory health attorney.

If there is no close friend or relative readily available and culturally appropriate to make a decision about health care for an Adult, the Public Guardian is the Adult's statutory health attorney.

There are some decisions that cannot be made by a statutory health attorney and require the appointment of a guardian and/or approval by the Tribunal, for example: tissue donation, sterilisation, pregnancy termination.

The Tribunal may appoint one or more guardians. If the Tribunal appoints more than one guardian, the guardians may be appointed:

- Jointly – all appointed guardians must make decisions together.
- Jointly and severally – the appointed guardians can make decisions together or one of them can make the decision.
- Successively – the successive guardian can make decisions when the first appointed guardian is no longer able to do so.

Important: An appropriateness and competence advice must be signed by all of the proposed guardian/s. You do not need to have the appropriateness and competence advice completed if you are seeking the appointment of the Public Guardian.

An advance health directive is a legal document, under the *Powers of Attorney Act 1998*, that states the Adult's wishes or directions regarding the Adult's future health care for various medical conditions. It comes into effect only if the Adult is unable to make their own decisions.

PART E — An order about restrictive practices

Restrictive practice means any of the following practices used to respond to the behaviour of *an Adult with an intellectual or cognitive disability* that causes harm to the Adult or others.

Containment means physically preventing the free exit of the Adult from premises where the Adult receives disability services, other than by secluding the Adult, in response to the Adult's behaviour that causes harm to the Adult or others. It is not regarded as containment if the Adult has a skills deficit (e.g. lack of road safety skills) and the Adult's free exit from the premises is prevented by the locking of gates, doors or windows to prevent the Adult from being subject to harm.

Seclusion means to physically confine the Adult alone, at any time of the day or night, in a room or area from which free exit is prevented in response to the Adult's behaviour that causes harm to the Adult or others.

Chemical restraint means the use of medication, for the primary purpose of controlling the Adult's behaviour, in response to the Adult's behaviour that causes harm to the Adult or others. However, the use of medication for the proper treatment of a diagnosed mental illness or physical condition is not chemical restraint. An intellectual or cognitive disability is not a physical condition.

Mechanical restraint means the use, for the primary purpose of controlling the Adult's behaviour, of

a device in response to the Adult's behaviour that causes harm to the Adult or others that restricts the free movement of the Adult or prevents or reduces self-injurious behaviour.

Physical restraint means the use, for the primary purpose of controlling the Adult's behaviour, of any part of another person's body to restrict the free movement of the Adult in response to the Adult's behaviour that causes harm to the Adult or others.

Restricting access means restricting the Adult's access, at a place where the Adult receives disability services, to an object in response to the Adult's behaviour that causes harm to the Adult or others to prevent the Adult using the object to cause harm to the Adult or others.

PART F — Applicant

The applicant is the person completing the application. You must provide your contact details and your relationship to the Adult.

Confidentiality

The principles of natural justice and procedural fairness require that the active parties to a proceeding be given the opportunity to respond to, and make submissions about, any document or other information before the Tribunal that the Tribunal considers to be credible, relevant and significant to an issue in the proceeding. Active parties are entitled to inspect such documents and information before the Tribunal subject to the terms of any confidentiality order made by the Tribunal.

A confidentiality order may only be made if the Tribunal is satisfied that such an order is necessary to avoid serious harm or injustice to a person.

Each of the following persons is an active party:

- a) the Adult;
- b) if the Adult is not the applicant – the applicant;
- c) if the proceeding is for the appointment or the reappointment of a guardian, administrator or attorney for the Adult – the person proposed for appointment or reappointment;
- d) any current guardian, administrator or attorney for the Adult;
- e) the Public Guardian;
- f) the Public Trustee of Queensland;
- g) a person joined as a party to the proceeding by the Tribunal.

In proceedings about restrictive practices, the active parties might also include:

- the chief executive (disability services);
- in particular circumstances, the Chief Psychiatrist;
- in particular circumstances, the director of forensic disability
- a service provider providing disability services to the Adult.

Checklist

Go through the checklist to ensure you have complied with all of the requirements for the application you are making including the completion of all necessary parts of the application form and the provision of copies of all other relevant documents.

Can I withdraw the application?

You can apply to the Tribunal for leave to withdraw the application by making an application under [Form 58 – Application for leave to withdraw an application or referral / Notice of withdrawal of application or referral](#).

Information about applying to the Tribunal for leave to withdraw your application is available at qcat.qld.gov.au or by calling the QCAT registry on 1300 753 228.

NOTE: The Tribunal may not approve the withdrawal.

Protecting your privacy

We collect your contact details to ensure QCAT proceedings comply with the *Queensland Civil and Administrative Tribunal Act 2009*. We may contact you to help evaluate QCAT operations. You do not have to participate in feedback or surveys. If you do participate, no identifying information will be published. We will not disclose your contact details or any other personal information to a third party unless required by law.