

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

## Application for administrator/ guardian/restrictive practices - 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?**

an appointment of an administrator
  review of the appointment of a guardian  
 an appointment of a guardian
  review of the appointment of a guardian for restrictive practices  
 an appointment of a guardian for restrictive practices
  approval of containment/seclusion/other restrictive practices  
 review of the appointment of an administrator

**Has a previous application about the person concerned ('the Adult') been made to QCAT?**

Yes    No    Unknown

If yes, please provide the Tribunal's client number, if known:

**Part B PERSON THIS APPLICATION IS ABOUT**  
*(referred to as 'the Adult') (full contact details must be supplied)*

**Name**

          
 Title   Given name/s   Middle name   Surname/Family name

**Gender**    Male    Female

**Date of birth**

/  /   
 Day   Month   Year

**Marital status**

**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)**



### 3. Have you informed any informal decision-maker?

Yes  No

### 4. 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 documents (e.g. enduring power of attorney or advance health care directive) if available, and provide information about the attorney, administrator or guardian in Question 5.
- No
- Unsure — please give contact details of anyone who might know.

### 5. Have you informed any attorney appointed under an enduring power of attorney?

Yes  No

## 6. Information about any attorney, administrator, guardian or informal decision-maker

List all known attorneys/administrators/guardians/informal decision-maker below.

### Who is this information about:

Attorney     Administrator     Guardian     Informal decision-maker

### 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 or informal decision-maker

List all known attorneys/administrators/guardians/informal decision-maker below.

### Who is this information about:

Attorney     Administrator     Guardian     Informal decision-maker

### 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

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## Information about any attorney, administrator, guardian or informal decision-maker

List all known attorneys/administrators/guardians/informal decision-maker below.

### Who is this information about:

Attorney     Administrator     Guardian     Informal decision-maker

### 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:**
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  - 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.

## 7. 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

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.
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### 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

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- I have spoken to this person and they agree with this application.
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## Known relatives and friends

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### 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

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

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.

## 8. 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

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.
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## Known service providers

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### 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

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.

## 9. 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

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

### Will the Adult require an interpreter?

Yes — please specify language or Auslan

No

### Does the Adult have any of the following needs?

wheelchair/mobility access     speech impairment     other  
 hearing impairment/loss     vision impairment/loss

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

**ONLY COMPLETE PART C IF YOU ARE APPLYING FOR THE APPOINTMENT OF AN ADMINISTRATOR**

**Part C**

**APPOINTMENT OF AN ADMINISTRATOR OR A REVIEW OF THE APPOINTMENT OF AN ADMINISTRATOR**

An administrator is someone who can make decisions about financial matters for an Adult with impaired decision-making capacity.

**1. How are the Adult's financial decisions currently being made?**

by the Adult

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

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

informally

other  
(please specify below)

**2. Why is the appointment of an administrator or a review of the appointment of an administrator required?**

*(if there is insufficient space here, please attach additional pages)*

## 3. Financial details

Complete the Adult's financial details to the best of your knowledge. If you are the proposed administrator for the Adult, you must complete a financial management plan.

### Adult's fortnightly income

Pension	\$	Other	\$
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### 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.			<b>Total</b>	\$

	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.  
 If someone else is also to be appointed, please state their name here:

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.

Section 114A of the *Guardianship and Administration Act 2000* makes it an offence for a person, without reasonable excuse, to publish information about a guardianship proceeding to the public, or a section of the public, if the publication is likely to lead to the identification of the relevant Adult by a member of the public, or by a member of the section of the public to whom the information is published.

Maximum penalty for such an offence – 200 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 appointed 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

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 order or authority  
(please attach a copy of the treatment order or 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

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Maximum penalty for such an offence – 100 penalty units.

Section 114A of the *Guardianship and Administration Act 2000* makes it an offence for a person, without reasonable excuse, to publish information about a guardianship proceeding to the public, or a section of the public, if the publication is likely to lead to the identification of the relevant adult by a member of the public, or by a member of the section of the public to whom the information is published.

Maximum penalty for such an offence – 200 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.

**Is the Adult a recipient of aged care for the purposes of the *Aged Care Act 2024* (Cth)**

Yes  No

**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  other *(please explain)*

*(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 the Adult is already subject to restrictive practices under the *Disability Services Act 2006* (Qld), is there a current positive behaviour support plan and/or short-term approval?**

Yes — *(You must attach the current positive behaviour support plan and/or short-term approval)*

No

**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 order or authority *(please attach a copy of the treatment order or 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**

Title

Given name/s

Surname/Family name

**Name of service provider**

**Full postal address**

  

**Suburb**

**State/Territory**

**Postcode**

**Contact details**

Mobile phone number

Daytime phone number

Email

**Name**

Title

Given name/s

Surname/Family name

**Name of service provider**

**Full postal address**

  

**Suburb**

**State/Territory**

**Postcode**

**Contact details**

Mobile phone number

Daytime phone number

Email

**What services are being provided to the Adult?**

accommodation/community support/other

respite

community access service

I

being the authorised representative of

service certify that the said service will keep and implement a procedure in relation to restrictive practices in accordance with s193 of the *Disability Services Act 2006*.

**Authorised representative**  **Date**

## Part F

## APPLICANT

### Are you making this application about yourself as the Adult?

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

#### Name

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 questions on this application according to the instructions.
- I have attached the report and/or information about the Adult, given by a health provider, relevant to this application.
- 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.

Section 114A of the *Guardianship and Administration Act 2000* makes it an offence for a person, without reasonable excuse, to publish information about a guardianship proceeding to the public, or a section of the public, if the publication is likely to lead to the identification of the relevant adult by a member of the public, or by a member of the section of the public to whom the information is published.

Maximum penalty for such an offence – 200 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*

## FILING 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	<a href="mailto:enquiries@qcat.qld.gov.au">enquiries@qcat.qld.gov.au</a>

## INSTRUCTIONS FOR COMPLETING FORM 10

### Application for administrator/guardian/restrictive practices - 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*.

In accordance with s31 *Guardianship and Administration Act 2000* and the *Queensland Civil and Administrative Tribunal Rules 2009*, 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 and may occur earlier 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; or
- 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.

##### Overview

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](http://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 provider such as a geriatrician, psychiatrist, psychologist or general practitioner. In some circumstances, the health provider 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 provider.

##### 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:

- there is a need for a decision about the Adult's financial or property matters necessary to protect the Adult's interests
- 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 a decision together or one of them can make a 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](http://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 appointment of a 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.

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 a decision together or one of them can make a 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 each 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**

A restrictive practice is 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. Please see the *Aged Care Act 2024* (Cth) if the Adult is a recipient of aged care.

**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.

### **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](http://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 or authorised by law.