

**Instructions for completing****Application for a declaration about capacity –  
*Guardianship and Administration Act 2000*****BEFORE YOU GO ANY FURTHER... check that you really need to make this application.**

The purpose of this form is to ask QCAT to declare that a particular person has the capacity to make decisions in relation to a matter.

The person whose capacity you are seeking to establish could be a guardian, administrator, or the adult him/herself.

**• Who can make this application?**

You can make this application if you are:

- the adult concerned, or
- a guardian, administrator or attorney, or
- anyone else with an interest.

**• How do I complete this form?**

You work through the form, answering each question as it comes by ticking the appropriate box or writing on the lines provided. Some of the questions have space for names, addresses, short explanations and other details.

Do not skip any questions unless the instructions tell you to.

The form itself is divided into six parts:

- preliminary details (which has sections on 'Basic information about the person', 'Information about the person's alleged impaired capacity' and 'Priority')
- information about the guardian/s, administrator/s, and attorney/s
- information about the application
- information about anyone else concerned
- person's requirements at the QCAT hearing
- basic information about you, the applicant.

**• What else do I have to do to make this application?**

You have several responsibilities. They are:

- to inform the adult concerned that you have made an application, and explain why (unless, of course, you are making the application on your own behalf)
- to supply at least one written report from a health provider outlining the nature of the person's alleged impaired capacity or ability to manage his/her personal and/ or financial affairs; or, if for some reason you cannot supply it yourself, to explain why you haven't attached it to the form, and how the tribunal can obtain a copy
- to give QCAT the names and contact details of everyone who has an interest in your application, even if they disagree with it

## **Instructions for completing (continued)**

- **What else do I have to do to make this application?**

- to attend the QCAT hearing, where a decision will be made on your application
- to arrange for the person to attend the hearing
- to advise QCAT if the person has signed an enduring power of attorney or an advance health directive
- to inform QCAT if the adult's circumstances change after you've submitted the application.

- **What will happen when the tribunal receives the application?**

- QCAT staff will send you an acknowledgment that your application has been received.
- They may contact you, and others who are involved, to discuss the application.
- They will set a date for the hearing.
- They will send a notice of the date, time and venue of the hearing to you, the person and everyone else named in the application as interested persons (in the section called 'Information about anyone else concerned').

- **Who attends the hearing?**

All the following will be advised of the hearing and can attend:

- the adult – as the person making the application
- the applicant (if someone other than the adult)
- members of the adult's family
- any of the adult's primary carers
- all current guardians, administrators and attorneys for the adult
- the Adult Guardian
- the Public Trustee
- anyone else who has an interest in the adult or is given permission by QCAT to attend.

It is important that the adult attend. This is because QCAT will be better able to gauge their needs and rights if they can see him/her.

- **Can I withdraw the application?**

You can apply to the tribunal to withdraw the application by making an application under form 40 — *Application for miscellaneous matters*.

If you have any queries about applying to the tribunal to withdraw your application, you should talk to staff at the tribunal. Phone 1300 753 228.

- **Where can I go for help with this application?**

If you are uncertain about any steps in the procedure or you are doubtful about how to answer any of the questions, you should talk to staff at the tribunal.

Form Number 11 (version 1)  
 Queensland Civil and Administrative Tribunal Act 2009 (section 33)

## Application for a declaration about capacity – Guardianship and Administration Act 2000

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

**QCAT may make a declaration about the capacity of an adult, guardian, administrator or attorney for a matter.**

For office use only	
Case number and type:	
Adult number:	
Date:	
Registry:	
Sent to:	

### IMPORTANT

The principles of natural justice and procedural fairness require that parties be aware of all material upon which QCAT will base its decision. Parties are therefore entitled to access the application and any material provided to QCAT. In exceptional circumstances, such as where there is risk of physical harm, violence or interference with a current investigation, a person may make a request for a confidentiality order. There is no guarantee QCAT will make a confidentiality order. If QCAT orders that the material be kept confidential it is likely to have less weight as other parties have not had the opportunity to comment. If you request this form be kept confidential and you do not provide any evidence of exceptional circumstances for this or QCAT does not make a confidentiality order, QCAT will not rely upon the material.

### PRELIMINARY DETAILS

#### 1. Are you making this application on your own behalf?

- Yes – Whenever this form asks a question about ‘the person’, it means you.  
 Please answer with details about yourself. Go to question 3.
- No – Go to question 2

**PRELIMINARY DETAILS** *(continued)*

**BASIC INFORMATION ABOUT THE PERSON**

**2. Have you informed the person about this application?**

Yes – *How did he/she respond? Please describe briefly:*


No – *Why not? Please explain briefly:*


**3. What is the person's name?**

*Title*

*Given name/s*

*Surname/Family name*

**4. What other names is the person known by?**

**5. What sex is this person?**

Male    Female

**6. How old is the person?**

**7. What is the person's date of birth?**

*Day*

*Month*

*Year*

## PRELIMINARY DETAILS *(continued)*

### BASIC INFORMATION ABOUT THE PERSON *(continued)*

#### 8. What are the person's current contact details?

*Give details for the place where the person is now living or staying:*

##### Address

	<b>Postcode</b>

##### Telephone

( )		( )
<i>Daytime phone</i>	<i>Mobile phone</i>	<i>After hours number (if different)</i>

##### Fax

( )
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##### Email

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#### 9. Is this person living at his/her permanent address?

- Yes – go to question 10
- No – *please write the person's permanent address and contact details here:*

##### Address

	<b>Postcode</b>

##### Telephone

( )		( )
<i>Daytime phone</i>	<i>Mobile phone</i>	<i>After hours number (if different)</i>

##### Fax

( )
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##### Email

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#### 10. What type of accommodation is this?

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*(hostel, own home, rental property)*

**PRELIMINARY DETAILS** *(continued)*

**BASIC INFORMATION ABOUT THE PERSON** *(continued)*

**11. Please identify the person's cultural background**

**INFORMATION ABOUT THE PERSON'S ALLEGED IMPAIRED CAPACITY**

**12. What is the cause of the person's alleged impaired capacity?**  
*(tick one or more boxes)*

- acquired brain injury or cognitive disability *(as a result of accident, illness or other causes)*
- intellectual disability *(a condition that has affected the person since birth or early childhood)*
- psychiatric disability/mental illness *(a diagnosed condition such as schizophrenia or bi-polar affective disorder)*
- dementia *(mental confusion due to a condition such as Alzheimer's disease, senility or some other degenerative disease)*
- other *(any other condition that reduces the ability to make decisions about personal or financial matters). Give details:*


**PRELIMINARY DETAILS** *(continued)*

**INFORMATION ABOUT THE PERSON'S ALLEGED IMPAIRED CAPACITY** *(continued)*

**13. Have you obtained any reports by medical, psychiatric or other professionals that give details of the person's alleged impaired capacity?**

- No – **▶** you will need to obtain such a report and attach it to this form.
- Yes – *please give the following details about the writer of the report, and attach the report to this form (there is room for details about two reports)*

**Writer of first report**

**Name**

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

**Address**

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

**Telephone**

<input type="text" value="( )"/>	<input type="text"/>	<input type="text" value="( )"/>
<i>Daytime phone</i>	<i>Mobile phone</i>	<i>After hours number (if different)</i>

**Fax**

<input type="text" value="( )"/>
----------------------------------

**Email**

<input type="text"/>
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**Professional capacity:**

<input type="text"/>
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**Have you attached this report?**

- Yes
- No – *Please explain why not **and** how QCAT can obtain a copy:*

**PRELIMINARY DETAILS** *(continued)*

**INFORMATION ABOUT THE PERSON'S ALLEGED IMPAIRED CAPACITY** *(continued)*

**Writer of second report** *(if available)*

**Name**

*Title*

*Given name/s*

*Surname/Family name*

**Address**

**Postcode**

**Telephone**

*Daytime phone*

*Mobile phone*

*After hours number (if different)*

**Fax**

**Email**

**Professional capacity:**

**Have you attached this report?**

Yes

No – *please explain why not and how QCAT can obtain a copy:*


**PRIORITY**

**14. Is this application urgent? That is, do the matters detailed in this application pose an immediate problem?**

No

Yes – *please give reasons:*




## INFORMATION ABOUT ANY GUARDIANS, ADMINISTRATORS OR ATTORNEYS

15. Has the person given anyone enduring power of attorney for personal/ financial matters or made an advance health directive?

No

Unsure – please give contact details of anyone who might know:

Yes – Attach copies of the relevant forms ('Enduring power of attorney' or 'Advance health directive') if available, and give the following details about the attorney/s:

### Attorney 1

#### Name

Title

Given name/s

Surname/Family name

#### Address

  

Postcode

#### Telephone

Daytime phone

Mobile phone

After hours number (if different)

#### Fax

#### Email

#### Relationship to adult

#### What is the attorney's attitude to this application likely to be?

support

does not support

don't know

## INFORMATION ABOUT ANY GUARDIANS, ADMINISTRATORS OR ATTORNEYS

15. Has the person given anyone enduring power of attorney for personal/ financial matters or made an advance health directive? *(continued)*

### Attorney 2 *(if there is more than one)*

#### Name

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

#### Address

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

#### Telephone

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Daytime phone</i>	<i>Mobile phone</i>	<i>After hours number (if different)</i>

#### Fax

#### Email

#### Relationship to adult

What is the attorney's attitude to this application likely to be?

- support  
 does not support  
 don't know

## INFORMATION ABOUT THE APPLICATION

16. Who is the person whose decision-making capacity you are asking QCAT to declare? *(please tick one box)*

- self  
 an adult  
 a guardian  
 an administrator  
 an attorney for financial matters  
 an attorney under an advance health directive  
 an attorney for personal matters  
 a statutory health attorney

**INFORMATION ABOUT THE APPLICATION** *(continued)*

**17. What matter does this declaration of capacity concern?**

*Please give details about the matter:*


**18. Why do you believe that the person named in question 3 has/does not have the capacity to make decisions in relation to this matter?**

*Please explain briefly:*


**19. Why do you believe that this declaration of capacity is necessary?**

*Please explain briefly:*


## INFORMATION ABOUT ANYONE ELSE CONCERNED

In this section, you give details about anyone with an interest in this application, even those who oppose it. This would be anyone with an interest in the person, such as: the person's primary carer, members of the person's family (e.g. spouse, de facto or married; children, stepchildren, adopted children or foster-children who are 18 or over; parents, step-parents or fosterparents; siblings, step-siblings, adopted siblings and foster-siblings who are 18 or over), service providers, (e.g. respite carers and community nurses), and close friends. If you are unable to give an address, you may suggest a way to contact the person.

### 20. Does anyone else have an interest in this application?

No

Yes – Give details in the spaces below.  
If there are more than eight people, please list on a separate sheet of paper.

#### Other person 1

##### Name

Title

Given name/s

Surname/Family name

##### Address

Postcode

##### Telephone

Daytime phone

Mobile phone

After hours number (if different)

##### Fax

##### Email

##### Relationship to person

##### What is the attorney's attitude to this application likely to be?

support

does not support

don't know

## INFORMATION ABOUT ANYONE ELSE CONCERNED *(continued)*

### Other person 2

#### Name

*Title*

*Given name/s*

*Surname/Family name*

#### Address

**Postcode**

#### Telephone

*Daytime phone*

*Mobile phone*

*After hours number (if different)*

#### Fax

#### Email

#### Relationship to person

#### What is the attorney's attitude to this application likely to be?

- support
- does not support
- don't know

**INFORMATION ABOUT ANYONE ELSE CONCERNED** *(continued)*

**Other person 3**

**Name**

*Title*

*Given name/s*

*Surname/Family name*

**Address**

  

**Postcode**

**Telephone**

*Daytime phone*

*Mobile phone*

*After hours number (if different)*

**Fax**

**Email**

**Relationship  
to person**

**What is the attorney's attitude to this application likely to be?**

- support
- does not support
- don't know

## INFORMATION ABOUT ANYONE ELSE CONCERNED *(continued)*

### Other person 4

#### Name

*Title*

*Given name/s*

*Surname/Family name*

#### Address

**Postcode**

#### Telephone

*Daytime phone*

*Mobile phone*

*After hours number (if different)*

#### Fax

#### Email

#### Relationship to person

#### What is the attorney's attitude to this application likely to be?

- support
- does not support
- don't know

## INFORMATION ABOUT ANYONE ELSE CONCERNED *(continued)*

### Other person 5

#### Name

*Title*

*Given name/s*

*Surname/Family name*

#### Address

**Postcode**

#### Telephone

*Daytime phone*

*Mobile phone*

*After hours number (if different)*

#### Fax

#### Email

#### Relationship to person

#### What is the attorney's attitude to this application likely to be?

- support
- does not support
- don't know



**INFORMATION ABOUT ANYONE ELSE CONCERNED** *(continued)*

**Other person 6**

**Name**

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

**Address**

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

**Telephone**

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Daytime phone</i>	<i>Mobile phone</i>	<i>After hours number (if different)</i>

**Fax**

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

**Email**

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

**Relationship to person**

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

**What is the attorney's attitude to this application likely to be?**

- support
- does not support
- don't know

**INFORMATION ABOUT ANYONE ELSE CONCERNED** *(continued)*

**Other person 7**

**Name**

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

**Address**

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

**Telephone**

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Daytime phone</i>	<i>Mobile phone</i>	<i>After hours number (if different)</i>

**Fax**

**Email**

**Relationship to person**

**What is the attorney's attitude to this application likely to be?**

- support
- does not support
- don't know

**INFORMATION ABOUT ANYONE ELSE CONCERNED** *(continued)*

**Other person 8**

**Name**

*Title*

*Given name/s*

*Surname/Family name*

**Address**

  

**Postcode**

**Telephone**

*Daytime phone*

*Mobile phone*

*After hours number (if different)*

**Fax**

**Email**

**Relationship  
to person**

**What is the attorney's attitude to this application likely to be?**

- support
- does not support
- don't know

## PERSON'S REQUIREMENTS AT THE TRIBUNAL HEARING

This section deals with any requirements that the person may have while attending QCAT hearing.

### 21. Is an interpreter required?

Yes  No

*If YES, please specify language*

### 22. Is the person deaf?

Yes  No

*If YES, what assistance is requested?*

### 23. Does the person have a hearing impairment?

Yes  No

*If YES, what assistance is requested?*

### 24. Does the person have impaired vision?

Yes  No

*If YES, what assistance is requested?*

### 25. Does the person use a mobility aid?

Yes  No

*If YES, what assistance is requested?*

### 26. Does the person have any other requirements?

Yes  No

  
  

*If YES, please explain briefly*

**Note: QCAT will provide communication assistance for the person wherever possible.**

## BASIC INFORMATION ABOUT YOU, THE APPLICANT

### 27. Are you making this application on your own behalf?

- Yes – go to 'Declaration by the applicant'.
- No – please give your name and contact details here:

#### Name

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

#### Address

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

#### Telephone

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Daytime phone</i>	<i>Mobile phone</i>	<i>After hours number (if different)</i>

#### Fax

#### Email

#### Relationship to person

Please read through this application to check that nothing has been overlooked and that all the necessary documents are attached. Then sign the application below.

## 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 – \$10,000.

## SIGN AND DATE HERE

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

*Applicant/s sign here*

*Date*

## LODGEMENT DETAILS

Deliver to:	Mail to:	Fax to:	Email to:
Queensland Civil and Administrative Tribunal Floor 9, 259 Queen Street Brisbane Qld 4000 or at any local Magistrates Court	Queensland Civil and Administrative Tribunal GPO Box 1639 Brisbane Qld 4001	(07) 3221 9156	applications@qcat.qld.gov.au