

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

Application for a declaration about capacity

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

Part A
APPLICATION DETAILS

Who is the person about whose decision-making capacity you are seeking a declaration from QCAT?
 (please tick one box)

<input type="checkbox"/> <i>self</i> <input type="checkbox"/> <i>an Adult</i> <input type="checkbox"/> <i>a guardian</i> <input type="checkbox"/> <i>an administrator</i>	<input type="checkbox"/> <i>an attorney for financial matters</i> <input type="checkbox"/> <i>an attorney under an advance health directive and/or attorney for personal matters</i> <input type="checkbox"/> <i>a statutory health attorney</i>
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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 **Date of birth** **Marital status**

<input type="checkbox"/> Male <input type="checkbox"/> Female	<table style="border: none; text-align: center;"> <tr> <td style="border: 1px solid black; width: 40px; height: 25px;"></td> <td style="font-size: 0.8em;">/</td> <td style="border: 1px solid black; width: 40px; height: 25px;"></td> <td style="font-size: 0.8em;">/</td> <td style="border: 1px solid black; width: 40px; height: 25px;"></td> </tr> <tr> <td style="font-size: 0.8em;">Day</td> <td></td> <td style="font-size: 0.8em;">Month</td> <td></td> <td style="font-size: 0.8em;">Year</td> </tr> </table>		/		/		Day		Month		Year	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
	/		/									
Day		Month		Year								

What is the Adult's cultural background?

Is the Adult of Aboriginal or Torres Strait Islander origin?

<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
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What is the Adult's current address?

Name of service provider (if applicable)

Address

Suburb

State/Territory

Postcode

Contacts

Mobile phone number

Daytime 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

Mobile phone number

Daytime 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. Why are you making this application for a declaration about capacity?

4. Information about the adult's capacity

Have you obtained a report by a health professional such as a geriatrician, psychiatrist, psychologist or general practitioner that provides an opinion about the Adult's capacity for decision-making?

- Yes — please attach the report to this application.
- No — you will need to obtain such a report and attach it to this application. If not, the application may be rejected.

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

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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.

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.

Part C

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 1.

No

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

1. 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.

Part D

APPLICANT

Are you making this application about yourself?

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

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

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 participation of the Adult is not appropriate
- 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).
- 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 11

Application for a declaration about capacity

QCAT has jurisdiction to make a declaration about capacity under the *Guardianship and Administration Act 2000*.

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 or that the person does not have capacity to make certain decisions. The person whose capacity you are seeking to establish may be an attorney, guardian, administrator, or another person ('the Adult'). You can make this application if you are:

- the Adult concerned, or
- a person with a sufficient genuine concern for the rights and interests of the Adult.

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.

What else do I have to do to make this application

You should:

- inform the Adult concerned that you have made the application, and explain why you made it (unless you are making the application on your own behalf).
- provide at least one written report from a health professional which addresses the decision-making capacity of the Adult.
- if for some reason you cannot provide a report, explain why and provide the contact details for the Adult's treating health professional/s.
- provide the names and contact details of any person who is in a close and continuing relationship with the Adult even if the person might not agree with the application.

HOW TO COMPLETE THE FORM

PART A — Application details

You must indicate the order you are applying for and whether a previous application has been made to QCAT.

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 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.

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

Known friends, relatives and service providers

Those who have a close and continuing relationship with the Adult may include the Adult's family members, primary carer, guardians, administrators and attorneys. You should also provide the details of any known service providers for the Adult. Photocopy or print the relevant page as many times as needed for additional relatives, friends and service providers.

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 — Information about the attorney, administrator or guardian

If the Adult has made an enduring power of attorney for personal and/or financial matters or an advance health directive you must provide copies of the relevant forms. You must also provide the contact details of any attorney, administrator and/or guardian appointed for the Adult.

PART D — 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.