

For office use only	
Case number and type:	
Date:	
Registry:	

Guardian's report to the Tribunal - review

The information contained in this report is provided for the purposes of a hearing to be conducted by QCAT to review the appointment of a guardian to make decisions about the Adult's personal matters. The hearing may, in the discretion of the Tribunal, be conducted on the papers without an oral hearing.

The Tribunal will revoke the appointment of the guardian at the end of the review unless it is satisfied that current circumstances still support the need for a formal guardianship appointment.

Part A				ADULT DETAILS		
Adult's Name						
Title	Given name/s	Middle name/s	Surname/Family name			
Client number:						
Date of birth						
	Date	Month	Year			
Address						
<hr/>						
Suburb		State/Territory		Postcode		
Email						
Telephone						
Mobile phone			Daytime phone			
What type of accommodation is this? (family home, own home, supported, CU, RACF etc.)						
How does the Adult communicate?						
What language does the Adult use to communicate?						

Part B

CURRENT TREATING HEALTH CARE PROFESSIONAL/S

Provide contact details of the Adult's current treating health care professional/s.

Name

Title

Given name/s

Surname/Family name

Address

Suburb

State/Territory

Postcode

Email

Telephone

Mobile phone

Daytime phone

Name

Title

Given name/s

Surname/Family name

Address

Suburb

State/Territory

Postcode

Email

Telephone

Mobile phone

Daytime phone

Part C

CURRENT DIAGNOSES

What has caused the Adult's impaired decision-making capacity?

Has there been any change in the Adult's ability to make decisions since the last hearing?

Yes

No

If yes, please describe how the Adult's ability to make decisions has changed?

Part D

CURRENT SERVICES

1. At home

What services does the Adult currently receive in the home?

Please provide contact details below (*photocopy or print this page as many times as needed for additional service providers*):

Contact details:

Name of service provider

Full postal address _____

Suburb

State/Territory

Postcode

Email

Telephone

Mobile phone

Daytime phone

Contact details:

Name of service provider

Full postal address _____

Suburb

State/Territory

Postcode

Email

Telephone

Mobile phone

Daytime phone

Contact details:

Name of service provider

Full postal address _____

Suburb

State/Territory

Postcode

Email

Telephone

Mobile phone

Daytime phone

2. Outside the home

What services does the Adult currently receive outside the home?

Please provide contact details below (*photocopy or print this page as many times as needed for additional service providers*):

Contact details:

Name of service provider

Full postal address _____

Suburb _____ State/Territory _____ Postcode _____

Email _____

Telephone _____

Mobile phone

Daytime phone

Contact details:

Name of service provider

Full postal address _____

Suburb _____ State/Territory _____ Postcode _____

Email _____

Telephone _____

Mobile phone

Daytime phone

Contact details:

Name of service provider

Full postal address _____

Suburb _____ State/Territory _____ Postcode _____

Email _____

Telephone _____

Mobile phone

Daytime phone

Is there an NDIS plan?

Yes

No

When was the plan last reviewed?

Part F

GUARDIAN'S DETAILS

Name

Title

Given name/s

Surname/Family name

Full postal address _____

Suburb

State/Territory

Postcode

Email

Telephone

Mobile phone

Daytime phone

Relationship to the Adult

Appropriateness and competence advice

I do solemnly and sincerely declare:

- I am not under the age of 18 years.
- I am not, nor have I ever been, a paid carer for the Adult.
- I am not a health provider for the Adult.
- I do not have a criminal history in Queensland or elsewhere.
- 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.
- 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.

Guardian's signature

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.

Have you discussed this review with the Adult?

Yes

No

If no, why not?

Part F

GUARDIAN'S DETAILS *(continued)*

What decisions have you made using your guardianship order (e.g. accommodation, services, contact)?

How often did you visit/have contact with the adult since you were appointed?

What difficulties have you had doing your job as guardian?

Part H

ALTERNATIVES TO DECISIONS BY A GUARDIAN *(continued)*

Can the future decisions be made informally (*i.e. without the formal appointment of a guardian*)?

Yes

No - explain why not

Can the Adult be supported to make all or some of these decisions?

Yes - explain which decisions and who would provide support

No - explain why not

Could future health care decisions/consents be made by a Statutory Health Attorney?

Yes

No - explain why not and who should be appointed guardian for health care decisions below

Unsure

Part I

CONTACT DETAILS OF FAMILY MEMBERS/CLOSE FRIENDS

List the contact details of any family members/close friends.

Name	Relationship to the Adult	Contact number

Part J FAMILY AND FRIENDS INVOLVEMENT

How have family and friends been involved in making decisions affecting the Adult?

Part K FURTHER COMMENTS

Do you wish to make any further comments?

ACCESS TO INFORMATION

Active parties in a proceeding have a right to access documents and information provided to the Tribunal that are relevant to an issue in the proceeding. Only a confidentiality order made by the Tribunal may displace this right. A confidentiality order may only be made if the Tribunal is satisfied that an order is necessary to avoid:

- serious harm, or
- injustice to a person.

If you consider that a confidentiality order is necessary to avoid serious harm or injustice to a person, you will need to apply to the Tribunal for a confidentiality order. Information about confidentiality orders, other limitation orders and guardianship and administration factsheets are available on the QCAT website at qcat.qld.gov.au or call the QCAT registry on 1300 753 228.

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 form is true to the best of my knowledge.

Guardian/s sign here

Date

Print your name/s here

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