

Guardian's report to tribunal Review of appointment of a guardian *Guardianship and Administration Act 2000*

The *Guardianship and Administration Act 2000* provides that QCAT must review an appointment of a guardian or administrator.

The tribunal requests this information to assist in reviewing the appointment of the guardian to make decisions about the adult's personal matters.

The information contained in this report is provided for the purposes of a hearing to be conducted by QCAT.

A guardian is a person appointed by QCAT to make some or all personal decisions on behalf of an adult with impaired decision-making capacity.

You are asked to respect the privacy of the persons to whom this information may apply.

For office use only

Case number:	
Client number:	
Date:	
Registry:	
Sent to:	

ADULT DETAILS

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

Current guardian/s:

Client number:

Date of birth / /
Day Month Year

Accommodation type:

Language spoken:

PRELIMINARY DETAILS

1. What is the cause of the adult's impaired capacity?

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

2. Contact details of current treating health care professional/doctor and the adult's current diagnosis

Name

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

Address

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

Telephone ()

Current diagnosis:

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

3. For service agencies/health care professionals only:

If you have any existing information on file **relating to the adult's capacity for decision-making**, please attach (e.g. ACAT assessments, discharge summaries, care plans, reports, file notes). Copies of s76 & 249 of the *Guardianship and Administration Act 2000* dealing with the preservation of confidentiality are enclosed.

PRELIMINARY DETAILS *(continued)*

6. Contact details of any family members/close friends: *(continued)* *(please attach any additional information)*

2. 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"/>	Postcode	<input type="text"/>

Telephone

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Home</i>	<i>Business</i>	<i>Mobile</i>

Relationship to adult

7. Contact details of any support agency/carers: *(please attach any additional information)*

1. 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"/>	Postcode	<input type="text"/>

Telephone

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Home</i>	<i>Business</i>	<i>Mobile</i>

Relationship to adult

PRELIMINARY DETAILS *(continued)*

7. Contact details of any support agency/carers: *(continued)*
(please attach any additional information)

2. Name

Title

Given name/s

Surname/Family name

Address

Postcode

Telephone

()

Home

()

Business

()

Mobile

Relationship to adult

8. What are the adult's current needs for support in relation to personal decisions? *(e.g. are any decisions needed about personal matters such as where the adult lives, health care, services received, day to day issues such as diet and dress?)*

9. Should the appointment of the current guardian/s continue?

Yes – *why?*

No – *why?*

PRELIMINARY DETAILS *(continued)*

10. Should another person be considered for appointment as guardian?

Yes

No

If yes, who will be submitting the application?

Name

Title

Given name/s

Surname/Family name

Address

Postcode

Telephone

Home

Business

Mobile

Relationship to adult

CAPACITY

11. Has there been a significant change in the adult's degree of understanding in their personal matters since the guardian was appointed?

12. To what extent does the adult rely on the guardian/s or others for assistance in:

Accommodation/living Issues: *(e.g. where the adult lives/with whom the adult lives)*

CAPACITY *(continued)*

12. To what extent does the adult rely on the guardian/s or others for assistance in *(continued)*:

Day-to-day issues: *(e.g. diet and dress)*

Personal relationships: *(e.g. contact with family/friends)*

Lifestyle issues: *(e.g. employment/training/education/other services required)*

13. In your opinion, is the adult capable of making decisions in relation to personal matters freely and voluntarily?

No

Yes – *(please comment)*

14. To what extent is the adult's decision-making process assisted by any person/persons?

COMMUNICATION

15. Does the adult's impairment affect his/her ability to communicate?

- No
- Yes – (If yes, please explain briefly)

16. Is the adult able to effectively communicate his/her needs and wishes?

(please tick)

- always
- mostly
- sometimes
- not at all
- unsure

--

17. How does the adult communicate his/her needs? (please tick)

- uses speech with gestures
- uses Makaton or other non-verbal communication systems (e.g. *facilitated communication, board/book*)
- uses gestures to communicate
- looks and gazes only
- does not communicate
- other, please specify:

REPORT TO TRIBUNAL

18. What decisions have you made for the adult during the period of your appointment?

19. How was the adult involved in the decision-making?

20. If it was reasonably practical to work out from the adult's previous actions what his/her wishes would have been, how did you take these into account?

21. How have family members and friends, if any, been consulted and involved in the adult's life?

REPORT TO TRIBUNAL *(continued)*

22. How often did you visit/see/have contact with the adult since you were appointed guardian?

23. What contact have you had with the Adult Guardian's office, if any?

24. If health care decisions were made, how were the decisions the least restrictive of the adult's rights and promoting and maintaining health and well being?

25. How has the adult been given opportunities to participate in community activities?

REPORT TO TRIBUNAL *(continued)*

26. If there is an appointed administrator or attorney and it is not you, how have you communicated with this person during the period of your appointment as guardian?

27. What difficulties, if any, have you had in doing your job as guardian?

HEARING ARRANGEMENTS

28. The tribunal may make a decision on the information provided. The adult, you or an interested person can request an oral hearing. Is an oral hearing requested?

- No – *(please give reason). This means the tribunal may make a decision based on the information gathered, with no persons in attendance.*
- Yes – *(please give reason). This means that the adult or you, wish to attend the review hearing to provide information. Staff of the tribunal will contact you to reschedule the hearing.*

Reason:

If yes, do you wish to attend the review hearing?

- in person
- via telephone *(the tribunal will contact you and other interested persons via a telephone link-up)*

HEARING ARRANGEMENTS *(continued)*

29. Do you have any further comments you wish to make?

30. Accessibility of information

The principles of natural justice and procedural fairness require that parties be aware of all material upon which the tribunal will base its decision. Parties are therefore entitled to access the application and any material provided to the tribunal. 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 the tribunal will make a confidentiality order. If the tribunal 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 the tribunal does not make a confidentiality order, the tribunal will not rely upon the material and the material will be returned to you.

Name of person completing this form:

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

Relationship to adult *(If you are not a relative, please indicate how long you have known the adult)*

Address

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

Telephone

<input type="text"/> () <input type="text"/>	<input type="text"/> () <input type="text"/>	<input type="text"/>
<i>Home</i>	<i>Business</i>	<i>Mobile</i>

<input type="text"/>	<input type="text"/>
<i>Signature</i>	<i>Date</i>

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.

LODGEMENT DETAILS

Deliver to:	Mail to:	Fax 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	(07) 3221 9156	applications@qcat.qld.gov.au