

| For office use only |  |
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| Case number         |  |
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Form Number 66 (version 1)  
Queensland Civil and Administrative Tribunal Act 2009 (Qld) (section 34)  
Voluntary Assisted Dying Act 2021 (Qld) (section 102)

## Application for review of a voluntary assisted dying decision – *Voluntary Assisted Dying Act 2021*

Refer to the attached instructions before filling out this form.

| Part A <b>APPLICANT'S DETAILS</b> <i>(full contact details must be supplied)</i>   |   |                      |                            |
|--|---|----------------------|----------------------------|
| <b>Name</b>  |   |                      |                            |
| <i>Title</i>   | <i>Given name/s</i>                             | <i>Middle name/s</i> | <i>Surname/Family name</i> |
| <b>Street Address</b>  |   |                      |                            |
| <hr/>  |   |                      |                            |
| <b>Suburb</b>  | <b>State/Territory</b>                          | <b>Postcode</b>      |                            |
| <b>Contact details (MUST be provided)</b>  |   |                      |                            |
| <i>Mobile</i>  | <i>Alternative number</i>                       | <i>Email*</i>        |                            |
| <b>*The address for service of documents will be the email address provided above unless there is a specific alternate address for service. If so, please set out below:</b> |   |                      |                            |
| <b>Alternate address for service</b>   |   |                      |                            |
| <hr/>  |   |                      |                            |
| <b>Suburb</b>  | <b>State/Territory</b>                          | <b>Postcode</b>      |                            |
| <b>Do you identify as Aboriginal or Torres Strait Islander?</b>  |   |                      |                            |
| No   | Yes, Torres Strait Islander                     |                      |                            |
| Yes, Aboriginal  | Yes, both Aboriginal and Torres Strait Islander |                      |                            |

## Part B

### DETAILS OF THE PERSON WHO IS THE SUBJECT OF THE DECISION

*(full contact details must be supplied)*

As Above

#### Name

Title

Given name/s

Middle name/s

Surname/Family name

#### Street Address

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Suburb

State/Territory

Postcode

#### Contact details *(MUST be provided)*

Mobile

Alternative number

Email

#### What is the person's usual address *(if different from above)?*

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Suburb

State/Territory

Postcode

#### Do you identify as Aboriginal or Torres Strait Islander?

No

Yes, Torres Strait Islander

Yes, Aboriginal

Yes, both Aboriginal and Torres Strait Islander

## Part C

### WHAT IS YOUR INTEREST IN THE DECISION TO BE REVIEWED?

QCAT must be satisfied you are an "eligible person" to request a review of a reviewable decision.

#### Tick one of the following:

I am the person who is the subject of the decision – skip to **Part D**.

I am an agent of a person who is the subject of the decision – complete **Part C(1)** below.

I am another person who has a sufficient and genuine interest in the rights and interests of a person mentioned who is the subject of the decision in relation to voluntary assisted dying – complete **Part C(2)** below.

**Part C**

**WHAT IS YOUR INTEREST IN THE DECISION TO BE REVIEWED? *(continued)***

**1. I am applying as an agent**

You must state your relationship with the person who is the subject of the decision. You must explain how you are the agent of the person. Please provide as much detail as possible. If you do not provide this information your application may be dismissed. If there is insufficient space, please attach additional pages. You should attach documents supporting your claim that you are an agent for the person who is the subject of the decision.

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**2. I am applying as a person with sufficient and genuine interest**

You must explain how you have a sufficient and genuine interest in the rights and interests of the person who is the subject of the decision. Please provide as much detail as possible. If you do not provide this information your application may be dismissed. If there is insufficient space, please attach additional pages. You should attach documents supporting your claim that you are a person who has sufficient and genuine interest.

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## Part D

## WHAT DECISION DO YOU WANT QCAT TO REVIEW?

### 1. I want to review a decision made in a:

**Tick one of the following:**

first assessment record form by a coordinating medical practitioner – complete **Part D(2)** below.

consulting assessment record form by a consulting medical practitioner – complete **Part D(2)** below.

final review form by a coordinating medical practitioner – complete **Part D(3)** below.

### 2. I want QCAT to review the medical practitioner's decision in relation to whether the person:

**Tick one of the following:**

has been ordinarily resident in Australia for at least 3 years immediately before the person's first request.

has been ordinarily resident in Queensland for at least 12 months immediately before the person's first request.

has decision-making capacity in relation to voluntary assisted dying.

is acting voluntarily and without coercion.

### 3. I want QCAT to review the medical practitioner's decision in relation to whether the person:

**Tick one of the following:**

has decision-making capacity in relation to voluntary assisted dying.

is acting voluntarily and without coercion.

## Part E

## WHAT WAS THE DATE OF THE DECISION?

**Enter date below:**

Date:



Part I

**RESPONDENT'S DETAILS** *(full contact details must be supplied)*

**1. Who is the coordinating medical practitioner?**

You must provide the coordinating medical practitioner's details.

**Name**

*Title*                      *Given name/s*                                      *Middle name/s*                                      *Surname/Family name*

**Contact details** *(MUST be provided)*

*Mobile*                                      *Alternative number*                                      *Email*

**Practice name:**

**Practice Address**

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**Suburb**

**State/Territory**

**Postcode**

**2. Who is the consulting medical practitioner?** *(if applicable)*

You must provide the consulting medical practitioner's details if you are requesting a review of a decision made in a consulting assessment or final review.

**Name**

*Title*                      *Given name/s*                                      *Middle name/s*                                      *Surname/Family name*

**Contact details** *(MUST be provided)*

*Mobile*                                      *Alternative number*                                      *Email*

**Practice name:**

**Practice Address**

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**Suburb**

**State/Territory**

**Postcode**

**Part J**

**ATTENDANCE AT THE TRIBUNAL HEARING**

**Will the person who is the subject of the decision be able to attend the hearing in person at QCAT Brisbane (259 Queen St)?**

Yes

No – please provide a brief explanation why and the preferred location below (e.g. the person who is the subject of the decision is located in a hospital, hospice or outside of Brisbane).

**Part K**

**ASSISTANCE AT THE TRIBUNAL HEARING**

**Will you, or the person who is the subject of the decision, require an interpreter at the hearing?**

Yes - please specify language or Auslan:

No

**Do you, or the person who is the subject of the decision, have any of the following needs?**

wheelchair/mobility access

speech impairment

hearing impairment/loss

vision impairment/loss

other

If any of the above boxes have been ticked, please provide details below:

**CHECKLIST**

I have completed all of the questions on this application.

I have attached copies of any relevant documents.

I have included a copy of the decision for which I am seeking review (if I have a copy).

I am ready to proceed with this application.

## WARNING

Section 216 of the *Queensland Civil and Administrative Tribunal Act 2009* (Qld) 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 referral is true to the best of my knowledge.

Applicant sign here

Date

Print your name here

## Lodgement Details

### Email to:

If possible, you must lodge this application by email to:

[vad@justice.qld.gov.au](mailto:vad@justice.qld.gov.au)

### Deliver to:

If email is not possible, you must deliver to:

Queensland Civil and Administrative Tribunal  
Floor 11, 259 Queen Street  
Brisbane Qld 4000

### Mail to:

If email or delivery is not possible, you must mail to:

Queensland Civil and Administrative Tribunal  
GPO Box 1639  
Brisbane Qld 4001



## INSTRUCTIONS FOR COMPLETING FORM 66

### Application for review of a voluntary assisted dying decision

#### About voluntary assisted dying

Voluntary assisted dying is an end-of-life choice that gives eligible people who are suffering and dying the option to choose the timing and circumstances of their death.

A person must be separately and independently assessed by two doctors (the coordinating medical practitioner and consulting medical practitioner) to be eligible to access voluntary assisted dying.

#### What decisions can QCAT review?

QCAT can review a decision made by a coordinating medical practitioner in the first assessment or the consulting medical practitioner in the consulting assessment, about whether the person:

- has been ordinarily resident in Australia for at least 3 years immediately before the person made the person's first request;
- has been ordinarily resident in Queensland for at least 12 months immediately before the person made the person's first request;
- has capacity to make decisions in relation to voluntary assisted dying; or
- is acting voluntarily and without coercion.

QCAT can also review a decision made by a coordinating medical practitioner at the final review, about whether the person:

- has capacity to make decisions in relation to voluntary assisted dying; or
- is acting voluntarily and without coercion.

QCAT cannot review decisions about disease-related eligibility criteria (i.e. diagnosis and prognosis).

Visit the [QCAT website](#) for more information about who is eligible to apply for a review and when an application for a review must be submitted.

#### What happens once an application for review is made?

Once an application is made, QCAT will provide a copy of the application to:

- each party to the proceeding, for example the coordinating practitioner for the person or the person who is the subject of the decision (if they are not the applicant);
- the consulting practitioner, if there is one, and whether or not the consulting practitioner is a party to the proceeding; and
- any other person QCAT directs is to receive a copy of the application

#### Legal advice and representation

QCAT staff cannot provide legal advice. All parties involved in a matter before QCAT must usually represent themselves unless leave to be represented has been given.

If you want someone to represent you in any proceedings before QCAT you must complete [Form 56 – Application for leave to be represented](#). Information about where to seek legal advice is available at [Where to seek legal advice](#).

#### Private hearings

Hearings about voluntary assisted dying are held in private. Ordinarily, only the parties to the proceeding are able to attend the hearing.

The details of the hearing listed on the QCAT website and on the monitors outside QCAT's hearing rooms will not disclose the parties' names.

## **Non-publication orders**

A non-publication order prevents or restricts access to information and documents that have been given to QCAT as a part of the proceedings, subject to the terms of the order. This means that if the tribunal has made an order, access to the register and record of proceedings can be limited to only the parties to the proceeding.

To apply for a non-publication order, please complete and lodge [Form 40 - Application for miscellaneous matters](#). QCAT may also make a non-publication order on its own initiative.

## **What to do if the contact details change for you or the person who is the subject of the decision**

All parties are responsible for keeping their contact details up to date. You must notify QCAT and other parties of any changes as soon as possible to ensure there are no unnecessary delays with your matter. If you need to update your email, addresses, phone numbers and/or representative details you can do so by submitting a [Change of Contact Details form](#).

## **Withdrawing an application**

An application can be withdrawn if you no longer wish to proceed to have the matter decided by QCAT. An application can be withdrawn at any time prior to the final hearing and determination of the application by lodging a [Form 58 – Application for leave to withdraw an application or referral / Notice of withdrawal of application or referral online](#). Visit the QCAT website for more information on [how to withdraw an application](#).

## **Protecting your privacy**

We collect contact details to ensure QCAT proceedings comply with the *Queensland Civil and Administrative Tribunal Act 2009* (Qld). 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.

## **Contact us**

For information about the application process or going to the Tribunal visit the [QCAT website](#).