

Form 57 (version 1.0)

Queensland Civil and Administrative Tribunal Act 2009 (section 33)

### IMPORTANT

Please read each page carefully before completing the application:

- a) Attachments required are identified with the symbol "▶"
- b) Please refer to the attached instructions before completing this form.

### For office use only

Case number and type:	
Client number:	
Registry:	

## Application for consent for special health care - *Guardianship and Administration Act 2000*

### PART A: APPLICATION DETAILS

Who is the application about? *(the tribunal refers to this person as "the adult")*

Adult's given name/s

Surname/Family name

Who is filling out this form? *(the tribunal will refer to you as "the applicant")*

Applicant given name/s

Surname/Family name

What are you applying for? *(you may tick more than one box)*

Donation of tissue

A sterilisation procedure

Termination of pregnancy

Prescribed special health care

## PART A: APPLICANT'S DETAILS

### 1. The tribunal will refer to you as "the applicant"

**Applicant name:**

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

**Organisation**

*(if applicable)*

**Full postal address**

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

**Street address** *(if different)*

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

**Telephone**

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

**Fax**

 ( )

**Email**

**Your relationship to the adult?**

**How long have you known the adult?**

## PART A: THE ADULT

### 2. Who is the application about?

**Name**

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

### THE TRIBUNAL REFERS TO THIS PERSON AS "THE ADULT"

**Has the tribunal had an application about this adult in the past?**

No/unknown       Yes      If yes, please provide the tribunal's client number, if known:

**What other names is the adult known by?**

**Sex**

Male       Female

**What is the adult's marital status?**

**What is the adult's date of birth?**

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
<i>Day</i>		<i>Month</i>		<i>Year</i>

**Place of birth?**

## PART A: THE ADULT (CONTINUED)

What is the adult's usual permanent address?

Organisation (if applicable)

Full postal address

  

Postcode

Telephone

( )

Home

( )

Mobile

( )

After hours number (if different)

Fax

( )

Email

What type of accommodation is this?

(hotel, own home, rental property)

What are the adult's current contact details? (if different from above, e.g. hospital, respite)

Organisation (if applicable)

Full postal address

  

Postcode

Telephone

( )

Home

( )

Mobile

( )

After hours number (if different)

Fax

( )

Email

What language(s) does the adult speak at home?

What is the adult's cultural background?

Would the adult require an English interpreter at the tribunal hearing?

Yes

No

Have you informed the adult about this application?

Yes - how did the adult respond? (please describe briefly)

No - why not? (please explain briefly)

## PART A: THE ADULT (CONTINUED)

In some cases, the tribunal will expect the adult to attend the hearing.

Who would be accompanying the adult to the hearing? (contact details must be provided)

<i>Title</i>	<i>Given name/s</i>	<i>Surname/Family name</i>

Telephone ( ) ( ) ( )

Will the adult require any special assistance for the hearing?

- wheelchair/mobility access     for speech impairment  
 for hearing impairment/loss     for vision impairment/loss  
 other

--

3. To your knowledge, has the adult executed an advance health directive that deals with the proposed procedure?

Yes Please provide details:


No Please proceed to question 5

4. Have you attached a copy of the advance health directive?

- Yes Please proceed to question 5  
 No Why not? Please provide explanation and how the tribunal can obtain a copy:


5. Are you aware whether the adult is subject to:

- a forensic order    ► please attach a copy of the order  
 an involuntary treatment order    ► please attach a copy of the order

6. What is the cause of the adult's impaired capacity? (tick one or more boxes)

- Acquired brain injury (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). Please provide details:


## PART B: PROPOSED SPECIAL HEALTH CARE

7. Where and when is the proposed procedure to be carried out? Please provide details - the tribunal needs this information so that an appropriate time for a hearing can be arranged:

Date: (When the proposed procedure is to be carried out):

Place: (Hospital/medical centre where the proposed procedure is to be carried out):

## DETAILS OF PROPOSED PROCEDURE

8. Proposed procedure and details


## PROPOSED SPECIAL HEALTH CARE - HEALTH CARE PROVIDER

9. Who will carry out the treatment? Please provide details:

Prof    Dr    Miss    Mrs    Ms    Mr (tick whichever applies)

Name

Address

Postcode

Contacts

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

*Preferred phone number*

*Alternative number*

*Email*

Professional capacity (for example, gynaecologist or urologist)

## PROPOSED SPECIAL HEALTH CARE - HEALTH CARE PROVIDER (CONTINUED)

10. Does the applicant believe the adult understands what the proposed procedure involves?

Yes  No Why not? Please provide explanation

11. Has the adult indicated to the applicant any views about the procedure now or in the past?

Yes Please provide details:

No

12. Does the applicant believe that the adult objects to the proposed procedure?

Yes Please provide details:

No Please proceed to **Adult's Primary Contacts**

## PART C: ADULT'S PRIMARY CONTACTS

You must not withhold information from the tribunal about the names of people who may have an interest in this application. Photocopy this page as many times as you need to or provide the same information on a separate sheet of paper.

### TICK ONE OF THE FOLLOWING

- there is nobody who may be interested in the application (e.g. siblings, children, service providers, advocates etc.)
- the following people may have an interest in this application (include people already mentioned in this application)

Name

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

Full postal address

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

Telephone

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

Fax

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

Relationship to 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

The principles of natural justice and procedural fairness require that parties be aware of all material upon which the tribunal will base its decision. The parties and other persons may inspect the application and other documents directly relevant to an issue in the proceeding before the tribunal unless a confidentiality order has been made prohibiting or restricting access.

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 adult guardian
- f) the public trustee
- g) a person joined as a party to the proceeding by the tribunal.

In some proceedings the active parties might also include:

- h) the Chief Executive of Department of Communities, Child Safety and Disability Services
- i) the Director of Mental Health
- j) a service provider providing a disability service to the adult.

The tribunal can remove the right to inspect a document only by a confidentiality order. A confidentiality order will only be made if the tribunal is satisfied that it is necessary to avoid serious harm or injustice to a person.

## DECLARATION BY THE APPLICANT

I have read through this completed application and consider that, to the best of my knowledge, all of the information provided is true, correct and not misleading, and that no information relevant to the application has been omitted.

I understand that it is an offence to provide false, misleading or incomplete documents to the tribunal.

*\*Maximum penalty for such an offence–100 penalty units*

*Applicant/s sign here*

*Date*

## Your guide to completing Form 57

# Application for consent for special health care - *Guardianship and Administration Act 2000*

### **Before you complete this application**

Use this form if you wish to obtain consent for someone with impaired decision-making capacity (referred to throughout this form as '**the adult**') to receive *special health care* – that is, for:

- donation of tissue from the adult to someone else for transplant; or
- sterilisation of the adult; or
- termination of a pregnancy of the adult; or
- prescribed special health care.

Only QCAT or the Supreme Court can give consent for these procedures - an attorney or guardian cannot.

This form is **not to be used for approval of clinical research**.

### **What if the adult has signed an advance health directive that deals with special health care?**

If the adult has signed an advance health directive giving directions for special health care of the type that is proposed, then the matter must normally be dealt with in accordance with that directive. Contact registry staff to discuss this matter (you should also contact registry staff if you are unsure about whether or not the adult has signed an advance health directive).

### **OTHER INFORMATION**

#### **Responsibilities of the applicant**

The applicant must

- inform the adult, where possible, that an application has been made and explain why
- supply at least one written report from a health provider outlining the nature of the adult's impaired capacity, the nature of the special health care and any other relevant information; or explain why the written report/s cannot be supplied with the application and how the tribunal may obtain a copy
- provide to the tribunal the names and contact details of everyone who has an interest in the application, including any parties who disagree with the application
- attend a tribunal hearing where a decision will be made on whether consent will be given
- advise the tribunal if the adult has signed an advance health directive or enduring power of attorney and if so provide a copy to the tribunal and
- where possible, arrange for the adult to attend the hearing. If the adult is unable to attend, the applicant should notify the tribunal.



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

- the applicant
- 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 and
- anyone else who has an interest in the adult or is given permission by the tribunal to attend.

**You must print out all electronic evidence**

Sometimes evidence (such as photos or receipts) may be stored in an electronic device, such as a mobile phone, tablet or computer. Sometimes evidence may be stored on a CD or DVD. You must provide a printed copy of this evidence with your application if you wish to rely on it at the hearing. The tribunal will not accept a CD or DVD for filing and will not consider evidence provided only in an electronic format.

**Lodging an application**

**In person:** At QCAT, Level 11, 259 Queen Street, Brisbane QLD 4000 or at any Magistrates Court.

**By post:** At QCAT, GPO Box 1639, Brisbane QLD 4001 or at any *Magistrates Court*.

**By fax:** To (07) 3221 9156.

**By email:** To enquiries@qcat.qld.gov.au

To find your nearest Magistrates Court, look under 'Justice and Attorney-General' in the phone book or visit [www.courts.qld.gov.au](http://www.courts.qld.gov.au).

**Your Information**

QCAT collects your contact details for the purposes of compliance with the *Queensland Civil and Administrative Tribunal Act 2009* in relation to proceedings in QCAT. QCAT may contact you to seek your assistance in research to assist in the evaluation of the operation of QCAT. You are not obliged to participate in feedback or surveys. If you do participate no identifying particulars will be published. QCAT will not disclose your contact details or any other personal information to a third party unless required by law.

## WHAT IS SPECIAL HEALTH CARE

### A sterilisation procedure

The procedure is a special health matter if the adult is or reasonably likely to be fertile and if the health care is intended or reasonably likely to make the adult **permanently** infertile.

This doesn't include treatment of an organic malfunction or disease that is likely to cause serious or irreversible damage to the adult's physical health (this is not special health care). For example, if the treatment is primarily to treat cancer of the reproductive system then the procedure is not a special health care matter.

For more information in relation to sterilisation please visit [www.qcat.qld.gov.au](http://www.qcat.qld.gov.au) and follow the links to the QCAT Practice Direction specific to this matter.

You must:

- Provide written details about the following
  - The proposed procedure for sterilisation
  - Why the procedure is required?
  - What other options have been explored?
  - What is the expected outcome of the procedure?
  - Does the proposed procedure relate to contraception management issues?
  - Does the proposed procedure relate to menstrual management?
- Attach report/s completed by medical, psychiatric or other professional giving details of the adult's impaired decision-making capacity
- Attach copies of any relevant forms e.g. enduring power of attorney, advance health directive, current orders of the tribunal

### Termination of pregnancy

The procedure must be necessary to preserve the adult from serious danger to her life or to her physical or mental health.

You must:

- Provide written details of the proposed procedure and reason for the requirement of the procedure
- Attach copies of any relevant forms e.g. enduring power of attorney, advance health directive, current orders of the tribunal

## WHAT IS SPECIAL HEALTH CARE?

### Donation of tissue

If the removal of tissue is for donation to someone else.

Tissue is:

- An organ
- Blood
- Part of a human body; or
- A substance that may be extracted from an organ, blood or part of a human body.

This includes laboratory reagents or reference and control material derived completely or partly from pooled human plasma that is given to another person.

You must:

#### Provide written details about the following on the space provided:

- The process of donation of the tissue
- Who is the proposed recipient?
- Does the donation of tissue pose a risk to the adult?
- Is the recipient's life in danger if the adult does not donate the tissue?
- Is there another donor who is more compatible, available and willing to donate tissue to the proposed recipient?
- Has there been a close personal relationship between the adult and the proposed recipient?

Attach report/s completed by medical, psychiatric or other professional giving details of the adult's impaired decision-making capacity

Attach copies of any relevant forms e.g. enduring power of attorney, advance health directive, current orders of the tribunal

### Prescribed Special Health Care

You must:

Provide written details of the proposed procedure and reason for the requirement of the procedure on the space provided

Attach copies of any relevant forms e.g. enduring power of attorney, advance health directive, current orders of the tribunal