

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

## Application for consent to special health care for an Adult

Refer to the attached instructions prior to filling out this form

### Part A APPLICATION DETAILS

#### What order are you applying for?

- Sterilisation procedure
- Termination of pregnancy
- Donation of tissue
- Prescribed special health care

#### 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/s                      Surname/Family name

**Gender**                      Male                      Female

**Date of birth**                      /                      /  
Date                      Month                      Year

**Marital status**

**What is the Adult's cultural background**

**Is the Adult of Aboriginal or Torres Strait Islander origin?**

No                      Yes, Torres Strait Islander  
Yes, Aboriginal                      Yes, both Aboriginal and Torres Strait Islander

**What is the Adult's current address?**

Name of service provider (if applicable)

Full postal address \_\_\_\_\_

Suburb                      State/Territory                      Postcode

Email

Telephone  
Mobile phone                      Daytime phone

Type of accommodation? *(hostel, own home, rental property)*

**What is the Adult's usual address? (if different)**

Name of service provider (if applicable)

Full postal address \_\_\_\_\_

Suburb                      State/Territory                      Postcode

Email

Telephone  
Mobile phone                      Daytime phone

Type of accommodation? *(hostel, own home, rental property)*

## 1. Advance health directive

**To your knowledge, has the Adult executed an advance health directive that deals with the proposed procedure?**

Yes – please provide details below

No

**Have you attached a copy of the advance health directive?**

Yes

No - why not? Please explain how the Tribunal can obtain a copy:

**Is the Adult subject to one of the following: (please attach copies)**

a forensic order

a treatment authority

## 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. Assistance at the Tribunal hearing

The Tribunal encourages the Adult to participate in the hearing.

#### How does the Adult communicate?

uses speech with gestures

uses Makaton or other non-verbal communication systems (e.g. facilitated, board or book)

uses gestures to communicate

looks and gazes only

other - please specify

#### 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.

No

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

#### 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

speech impairment

hearing impairment/loss

vision impairment/loss

other

If you have ticked any of these boxes, please provide details below:


## 4. Known relatives and friends

List all 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

*Title*

*Given name/s*

*Surname/Family name*

Full postal address \_\_\_\_\_

Suburb

State/Territory

Postcode

Email

Telephone

*Mobile phone*

*Daytime phone*

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

Email

Telephone

*Mobile phone*

*Daytime phone*

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.

## 5. Known service providers

List all known service providers who provide services to the Adult. Photocopy or print this page as many times as needed for additional service providers.

Name

*Title*

*Given name/s*

*Surname/Family name*

Name of service provider

Full postal address \_\_\_\_\_

Suburb

State/Territory

Postcode

Email

Telephone

*Mobile phone*

*Daytime phone*

### TICK ONE BOX:

I have spoken to this 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 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

*Title*

*Given name/s*

*Surname/Family name*

Name of service provider

Full postal address

Suburb

State/Territory

Postcode

Email

Telephone

*Mobile phone*

*Daytime phone*

### TICK ONE BOX:

I have spoken to this 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 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.

## Part C

## PROPOSED SPECIAL HEALTH CARE

### 1. When and where is the proposed procedure to be carried out?

*(Please provide details as 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)*:

/ /

*Date*

*Month*

*Year*

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

**If urgent action is required, please provide an explanation of the urgency:**

## 2. Health care provider

Who will carry out the treatment or proposed procedure? Please provide details below:

Name

Title

Given name/s

Surname/Family name

Full postal address

Suburb

State/Territory

Postcode

Email

Telephone

Mobile phone

Daytime phone

Professional qualification:

## 3. Details of the proposed special health care

*(Refer to the instructions to complete this question. If there is insufficient space attach the additional pages to this application)*

Please provide details of the proposed special health care below:

If the special health care is donation of tissue, please specify the proposed recipient of the tissue donation and the nature of the relationship between the Adult and the proposed recipient:

Provide information about any available alternative forms of health care:

Provide an explanation as to why the proposed special health care is the preferred form of health care:

Provide details of any risks to the Adult if the proposed procedure is carried out:

Provide details of any risks to the Adult if the proposed special health care is not carried out:



## 4. Adult's understanding of the proposed special health care

**Has the Adult been informed about this application?**

Yes

No - please explain why the Adult has not been informed:

**Does the Applicant believe the Adult understands what the proposed special health care involves?**

Yes - please provide details below

No - please provide details below

**Has the Adult expressed any views about the proposed special health care?**

Yes - please provide details below

No - please provide details below

**Does the Applicant believe the Adult objects to the proposed special health care?**

Yes - please provide details below

No - please provide details below

## Part D

## APPLICANT

Name

Title

*Given name/s*

*Surname/Family name*

Full postal address \_\_\_\_\_

Suburb

State/Territory

Postcode

Email

Telephone

*Mobile phone*

*Daytime phone*

What is your relationship to the 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 any costs of 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 Adult cannot participate in the hearing.
- 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 questions on the application according to the instructions.

I have attached all relevant documents.

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 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	<a href="mailto:enquiries@qcat.qld.gov.au">enquiries@qcat.qld.gov.au</a>

## INSTRUCTIONS FOR COMPLETING FORM 57

### Application for consent to special health care for an Adult

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

- a sterilisation procedure
- a termination of a pregnancy
- donation of tissue
- prescribed special health care

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

The Tribunal may direct a party to provide additional information to ensure the Tribunal has all relevant information and material to hear and determine the application.

This form is not to be used for approval of clinical research or to apply to the Tribunal for it to consent for an Adult with impaired capacity to participate in special medical research or experimental health care.

#### 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 does not 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.

The Tribunal may consent, for an Adult with impaired capacity for decisions about sterilisation, to the sterilisation of the Adult only if the Tribunal is satisfied that one of the following applies:

- the sterilisation is medically necessary
- the Adult is, or is likely to be, sexually active and there is no method of contraception that could reasonably be expected to be successfully applied;
- if the Adult is female - the Adult has problems with menstruation and cessation of menstruation and cessation of menstruation is the only practicable way of overcoming the problems;

#### AND

- the sterilisation can not be reasonably postponed; and
- the Adult is unlikely, in the foreseeable future, to have capacity for decisions about sterilisation.

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

You must:

Complete the form with as much detail as possible about why the procedure is required and the other options that have been tried.

Attach report/s completed by medical, psychiatric or other health professionals about the Adult's capacity to make decisions about the special health care matter.

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

## Termination of pregnancy

The Tribunal may consent, for an Adult with impaired capacity for the special health matter concerned, to termination of the Adult's pregnancy only if the Tribunal is satisfied the termination may be performed by a medical practitioner under the *Termination of Pregnancy Act 2018*.

Termination of an Adult's pregnancy, to which the Tribunal has consented for the Adult, is not unlawful.

You must:

Complete the form with as much detail as possible.

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

## Donation of tissue

For an Adult, removal of tissue for donation to someone else includes removal of tissue from the Adult so laboratory reagents, or reference and control materials, derived completely or partly from pooled human plasma may be given to the other person.

Tissue is:

- an organ, blood or 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 materials derived completely or partly from pooled human plasma that is given to another person.

The Tribunal may consent, for an Adult with impaired capacity for the special health matter concerned, to removal of tissue from the Adult for donation to another person only if the Tribunal is satisfied:

- the risk to the Adult is small; and
- the risk of failure of the donated tissue is low; and
- the life of the proposed recipient would be in danger without the donation; and
- no other compatible donor is reasonably available; and
- there is, or has been, a close personal relationship between the Adult and proposed recipient.

The Tribunal may not consent if the Adult objects to the removal of tissue for donation.

You must:

Complete the application form with as much detail as possible.

Attach report/s completed by a health professional such as a geriatrician, psychiatrist, psychologist or general practitioner about the Adult's capacity for decision-making.

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:

Complete the application form with as much detail as possible.

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

## HOW TO COMPLETE THIS FORM

### Part A - APPLICATION DETAILS

You must indicate which order you are applying for and if 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 for decision-making 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](http://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. In some circumstances, the health professional may send the report directly to the QCAT registry after you have submitted your application.

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

#### Known contacts

List all known relatives, friends who have a close and continuing relationship with the Adult and the Adult's service providers. Persons concerned with this application includes the Adult's family, primary carer, guardians, administrators and attorneys.

#### 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 – PROPOSED SPECIAL HEALTH CARE

Outline the proposed special health care to be carried out and the health care providers contact details.

### Part D – APPLICANT

The applicant is the person completing the application. You must provide your contact details and tell us about 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.

## 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](http://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.