

- Please read the Guide for Applications to the Guardianship List (the Guide) before completing this application.
- Do not use this form (form 2) if you want VCAT to appoint a Guardian; appoint an Administrator; revoke (cancel) or make another order in relation to an Enduring Power of Attorney; or authorise the Public Advocate to visit a person with a disability. For those applications use form 1. Use this form (form 2) for all other types of applications to the Guardianship List.
- You must (except in urgent cases or where VCAT dispenses with notice) send a copy of this completed application form to the person you are applying about; their primary carer; their nearest relative; any existing or proposed Guardian or Administrator; and any other person entitled to notice.
- If you need more space to answer questions in this application, please attach as many extra pages as you need.
- If you need advice or further information from VCAT, please call (03) 9628 9911 and ask to speak to a staff member of the Guardianship List. Further information is also available at www.vcat.vic.gov.au

VCAT file number

1. If VCAT has already given this case a file number, enter the number here

G

Your details

2. Title Family name

Given names

Address

Postcode

Home telephone number () Work telephone number ()

Fax number () Email address

Your relationship to the person you are applying about

Spouse Partner Parent Carer

Child Friend Doctor

Guardian Administrator Person responsible

Other (please specify)

Details of the person you are applying about

3. Title Family name

Given names

Address

Postcode

Date of birth / /19 Male or female? Male Female

Home telephone number () Work telephone number ()

Fax number () Email address

Disability details

4. What is the nature of the person's disability?

Intellectual impairment <input type="checkbox"/>	Brain injury <input type="checkbox"/>	Dementia <input type="checkbox"/>
Mental disorder <input type="checkbox"/>	Physical disability <input type="checkbox"/>	Do not know <input type="checkbox"/>

Specify disability if possible

Evidence of disability

5. You are responsible for providing VCAT with copies of relevant medical or other expert reports which establish the disability of the person you are applying about.

Indicate how you are providing these reports to VCAT

- You have already provided the reports to VCAT. If so, you do not need to provide them again. Go to question 6.
- You are attaching copies of the reports to this application. Go to question 6.
- You do not have the reports at the time of lodging this application. If so, you must have requested them from the medical practitioner and must provide them as soon as possible. Give the details of the medical practitioner that you have requested the reports from.

Name of practitioner

Address

Postcode

Work telephone number

 ()

Fax number

 ()

Email address

Primary carer

6. Who is the primary carer of the person you are applying about?

Title	Family name
<input type="text"/>	<input type="text"/>
Given names	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Home telephone number	Work telephone number
()	()
Fax number	Email address
()	<input type="text"/>

Details of nearest (and other) relatives

7. Does the person you are applying about have any known relatives?

No Go to question 8.

Yes Who is the nearest relative of the person you are applying about?

Title	Family name
<input type="text"/>	<input type="text"/>
Given names	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Home telephone number	Work telephone number
()	()
Fax number	Email address
()	<input type="text"/>
Relationship to the person you are applying about (eg son etc)	
<input type="text"/>	

Attach a separate sheet which gives details of any other relatives or other persons who have an interest in this application.

8. Are you applying for any of the following:

- A rehearing of an order already made by VCAT; or
- VCAT to give power to the Guardian to enforce an existing guardianship order; or
- VCAT to appoint an alternative guardian?

No Go to question 9.

Yes Go straight to question 17.

Enduring Powers

9. Has the person you are applying about signed an Enduring Power of Guardianship?

No Go to question 10.

Do not know Go to question 10.

Yes Please give details of the Guardian

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Work telephone number	Home telephone number
()	()
Fax number	Email address
()	<input type="text"/>
Date appointed	
<input type="text"/>	

10. Has the person you are applying about signed an Enduring Power of Attorney (financial)?

No Go to question 11.

Do not know Go to question 11.

Yes Please give details of the Attorney

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Work telephone number	Home telephone number
()	()
Fax number	Email address
()	<input type="text"/>
Date appointed	
<input type="text"/>	

11. Has the person you are applying about signed an Enduring Power of Attorney (medical treatment)?

No Go to question 12.

Do not know Go to question 12.

Yes Please give details of the Agent

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Work telephone number	Home telephone number
()	()
Fax number	Email address
()	<input type="text"/>
Date appointed	
<input type="text"/>	

Revocation of Enduring Power of Guardianship or Attorney (medical treatment)

18. What do you want VCAT to revoke?
(tick all applicable boxes)

Enduring Power of Guardianship

Enduring Power of Attorney
(medical treatment)

Briefly state why you want VCAT to revoke the
Enduring Power(s)?

Is there some other issue with respect to the Enduring
Powers that you want VCAT to resolve?

No Go to question 19.

Yes Please give details

Advice or direction

19. Are you the:

Administrator Person responsible

Guardian Enduring Guardian

Give details of the advice or direction you are seeking

Rehearing

20. Date the original order was made

Why do you want a rehearing? If you believe that VCAT's
decision was wrong, say why

Reassessment of an existing Administration or Guardianship order

21. Is this application for a reassessment of an Administration
order or a Guardianship order (if both, tick both boxes)

Administration Date order
made / /

Guardianship Date order
made / /

Why do you want VCAT to reassess this order(s)?

Because there is no longer a need for an
Administrator/Guardian as the represented person has
regained capacity. (If this is the case, you must provide a
medical/psychological report to substantiate this)

Report attached Report to be provided

Because the Administrator/Guardian is not acting in
the best interests of the person (please give details)

Other (please specify)

Power to enforce guardianship order

22. You, the Guardian, want VCAT to authorise you to:

direct ambulance or other service providers to transport
the represented person to a specified location

or take the following action to enforce the guardianship order

Appointment of an alternative Guardian

23. Who do you wish to nominate as alternative Guardian?

VCAT to determine

OR

Name of person you wish to nominate as Guardian

Address

Postcode

Home telephone number

()

Work telephone number

()

Fax number

()

Email address

Relationship to the represented person

Has this person agreed to act as Guardian?

Yes No

Registration of interstate orders

26. Please attach a copy of the interstate order.

In which State or Territory was the order made?

Date of order

 / /

Are you the Guardian or Administrator (or interstate equivalent)?

Guardian Administrator

Is the person the subject of the order already living in Victoria or proposing to come to Victoria?

No Go to the next question

Yes Are they/will they be living here temporarily or permanently?

Temporarily Permanently

Does the person have assets in Victoria?

No Go to the next question

Yes Please give the following details

Assets:

Liabilities:

Fortnightly income:

Fortnightly expenditure:

Why do you wish to have the order registered in Victoria?

All applicants must sign here

Declaration by person making this application

27. I declare that, to the best of my knowledge, all the information provided in this application is complete, accurate and true and that no details relevant to the application have been left out.

I understand and acknowledge that it is an offence under section 136 of the Victorian Civil and Administrative Tribunal Act 1998 to knowingly give false or misleading information to VCAT.

I further undertake to give or send a copy of this completed application form to the person about whom I am applying, their primary carer, their nearest relative and any existing or proposed Guardian or Administrator as named in this application. I will notify VCAT as soon as possible in the event that for some reason I am unable to do so.

Signature of applicant

Date

 / /200

Before you lodge this form, you must:

- Send a copy of this completed application form to the person about whom you are applying, their primary carer, their nearest relative and any existing or proposed Guardian or Administrator. If for some reason you cannot send a copy, you must notify VCAT as soon as possible.
- Ensure VCAT has the medical reports which establish the disability of the person you are applying about. If you have already provided the reports to VCAT you do not need to provide them again. If you are not attaching the reports at the time you lodge your application, you must have requested them and given the doctor's details.
- Attach any available copies of Enduring Powers of Guardianship or Enduring Powers of Attorney (financial/medical)
- Sign and date this form above.

Important note: If you fail to give or send a copy of the application to the persons entitled to it, or if you fail provide medical or other expert evidence in support of the application, VCAT may adjourn the hearing and order you to pay any costs that may be sought by another party.

How to lodge this application

You can lodge this completed form and any attachments by:

Mailing it to:

GPO Box 5408CC
Melbourne VIC 3001

OR Delivering it in person to:

Victorian Civil and Administrative Tribunal
Guardianship List
Ground floor, 55 King Street
Melbourne VIC 3000
Office hours: 9.00am to 4.30pm Monday to Friday
(closed public holidays)

What happens then

When your application is received, VCAT may:

- Contact you by letter or telephone if necessary to obtain more information; or
- Ask an officer from the Office of the Public Advocate to obtain further information and prepare a report for the hearing. That officer may contact you and others involved and may visit the person.

Unless urgent orders are required, VCAT will schedule a hearing and send a notice of hearing to you and other persons entitled to notice.