

Application about a Guardian, Manager or Enduring Power of Attorney

Application under the *Guardianship and Management of Property Act 1991* and the *Powers of Attorney Act 2006*.

ACAT file number (if known)

GT

Before you apply

You can use this form to apply to ACAT for the following:

- Appointment of a guardian
- Appointment of a manager
- An order about an existing Enduring Power of Attorney (EPoA)
- Consent to a Prescribed Medical Procedure
- Review or revocation of an existing appointment
- Other orders under the *Guardianship and Management and Property Act 1991* or *Powers of Attorney Act 2006*

ACAT can only appoint a guardian or manager for a person if they:

- have impaired decision-making capacity;
- live in the ACT;
- need a guardian or manager to make decisions on their behalf; and
- are over the age of 18.

There is a **dictionary** at the end of this form with definitions of commonly used terms.

If you need help completing this form, please call or email the ACAT registry. Our details are below:

Contact ACAT

Telephone (02) 6207 1740

Email tribunal@act.gov.au

In person Allara House
15 Constitution Avenue
CANBERRA CITY ACT 2601

Post ACT Civil and Administrative Tribunal (ACAT)
GPO BOX 370
CANBERRA ACT 2601

After you apply

Once we receive your application, the ACAT registry will check that the application has been completed correctly and that any necessary documents have been attached.

If the application is not complete, or a document has not been attached, we will let you know.

You should hear from us within 2-4 weeks after you apply.

To avoid any delays, please make sure your application is complete.

What application are you making?

You can make one or more of the applications below. Tick the type of application you are making and the documents you have attached.

Note: for an 'Application for consent to a prescribed medical procedure, the protected person **must** have a guardian. If there is no guardian appointed, you must also make an 'Application to appoint a guardian'.

Application	Please attach:
<input type="checkbox"/> Application to appoint a guardian Complete parts 1, 2, 3, 4, 6, 11, 12, 13	<input type="checkbox"/> Medical evidence about the protected person's capacity <input type="checkbox"/> Statement for the appointment of guardian or manager and the commonwealth statutory declaration (<i>by each proposed guardian</i>) <input type="checkbox"/> Part 4 of this application (<i>by each proposed guardian</i>)
<input type="checkbox"/> Application to appoint a manager Complete parts 1, 2, 3, 5, 6, 11, 12, 13	<input type="checkbox"/> Medical evidence about the protected person's capacity <input type="checkbox"/> Statement for the appointment of guardian or manager and the commonwealth statutory declaration (<i>by each proposed manager</i>) <input type="checkbox"/> Statement of protected person's property and the commonwealth statutory declaration <input type="checkbox"/> Part 5 of this application (<i>by each proposed manager</i>)
<input type="checkbox"/> Application about an enduring power of attorney (EPoA) Complete parts 1, 2, 3, 6, 7, 11, 12, 13	<input type="checkbox"/> A copy of the enduring power of attorney
<input type="checkbox"/> Application for consent to a prescribed medical procedure Complete parts 1, 2, 3, 6, 8, 11, 12, 13	<input type="checkbox"/> Medical evidence in support of the prescribed medical procedure
<input type="checkbox"/> Application to change or revoke an existing appointment Complete parts 1, 2, 3, 6, 9, 11, 12, 13	<input type="checkbox"/> Medical evidence in support of revoking the current orders (<i>if applicable</i>) <input type="checkbox"/> Any other documents to support the application
<input type="checkbox"/> Application for other orders Complete parts 1, 2, 3, 4, 10, 11, 12, 13	<input type="checkbox"/> Any documents to support the application <input type="checkbox"/> Statement of protected person's property and the commonwealth statutory declaration (for an application to approve a transaction involving a conflict of interest)

Part 1 – Applicant details

Provide your details. For more than one applicant, attach details on a separate page. ACAT will use these details to contact you.

Note: the preferred method for ACAT to contact the parties is by **email**.

Full name	<input type="text"/>
Date of birth	<input type="text"/>
How do you pronounce your name? (optional)	<input type="text"/>
Pronouns (optional)	<input type="text"/>
Postal address	<input type="text"/>
Email	<input type="text"/>
Telephone	<input type="text"/>
Relationship to the protected person	<input type="text"/>

Part 2 – Protected person details

Provide the details of the protected person. ACAT can only make orders for someone over the age of 18, who is living in the ACT and who lacks decision-making capacity.

Full name (including middle name(s) if any)	<input type="text"/>
Date of birth	<input type="text"/>
Home address	<input type="text"/>
Current address (if different from home address)	<input type="text"/>
Email	<input type="text"/>
Telephone	<input type="text"/>

Protected person details (continued)

1. Have you told the protected person that you are making this application? Yes No

If no, explain why:

2. For an application to appoint a guardian and/or manager, what kinds of decisions need to be made by a guardian and/or manager on the protected person's behalf? (e.g., where the protected person should live, consent to medical treatment, what services are to be provided by NDIS.)

3. Does the protected person agree with the application being made? Yes No Do not know

If no or you do not know, explain why:

4. Has the protected person signed an Enduring Power of Attorney? Yes No Do not know

Note: if the protected person has signed an Enduring Power of Attorney, provide the details in part 7 and attach a copy of the Enduring Power of Attorney.

5. Is there someone who can help or support the protected person to make decisions about their health, welfare, or finances without being appointed a guardian or a manager?

Yes No Do not know

If yes, who?

Part 3 – Interested persons

ACAT must give notice of a hearing to the protected person and anyone that has an interest in their health, wellbeing, property or financial matters.

This includes all of the following (tick those that apply):

- spouse or domestic partner;
- parents (including those related by affinity or adoption);
- brothers and sisters (including those related by affinity or adoption);
- children;
- a carer who the protected person is dependent on for ongoing care and assistance (other than a paid service provider);
- any current guardian, manager or Enduring Power of Attorney; and
- anyone else that has an interest in the protected person's health, wellbeing, property or financial matters.

The ACAT must also notify the ACT Public Trustee and Guardian (section 72A of the *Guardianship and Management of Property Act 1991*).

Provide the details of the interested persons. For more than three interested persons, attach their details on a separate page.

Interested person 1

Full name	<input type="text"/>
Postal address	<input type="text"/>
Email	<input type="text"/>
Telephone	<input type="text"/>
Relationship to the protected person	<input type="text"/>

Interested person 2

Full name	<input type="text"/>
Postal address	<input type="text"/>
Email	<input type="text"/>
Telephone	<input type="text"/>
Relationship to the protected person	<input type="text"/>

Interested person 3

Full name

Postal address

Email

Telephone

Relationship to the protected person

Part 4 – Proposed guardian and consent to act

A **guardian** is a person appointed by ACAT to make decisions relating to the protected person's health and welfare.

For more than one proposed guardian, attach a separate copy of part 4 for each proposed guardian.

- I am applying for the Public Trustee and Guardian to be guardian of the protected person.** The Public Trustee and Guardian must not be appointed if an individual who is otherwise suitable has consented to be appointed.

OR

- I am applying for another person (other than the Public Trustee and Guardian) to be the guardian of the protected person.** Provide the details of the proposed guardian and their consent to act below.
- I have attached a *Statement for the Appointment of Guardian or Manager and the Commonwealth Statutory Declaration*

Details of proposed guardian

Full name

Date of birth

Postal address

Email

Telephone

Relationship to the protected person

I consent to act as guardian of
(Full name of the protected person)

Signature of proposed guardian

Date

Part 5 – Proposed manager and consent to act

A **manager** is a person appointed by ACAT to make decisions relating to the protected person's property or financial matters.

For more than one proposed manager, attach a separate copy of part 5 for each proposed manager.

- I am applying for the Public Trustee and Guardian to be manager of the protected person.** The Public Trustee and Guardian must not be appointed if an individual who is otherwise suitable has consented to be appointed.
- I have attached a *Statement of Protected Person's Property and the Commonwealth Statutory Declaration*

OR

- I am applying for another person (other than the Public Trustee and Guardian) to be the manager of the protected person.** Provide the details of the proposed manager and their consent to act below.
- I have attached a *Statement for the Appointment of Guardian or Manager and the Commonwealth Statutory Declaration*
- I have attached a *Statement of Protected Person's Property and the Commonwealth Statutory Declaration*

Details of proposed manager

Full name

Date of birth

Postal address

Email

Telephone

Relationship to the protected person

I consent to act as manager of
(Full name of the protected person)

Signature of proposed manager

Date

Part 6 – Medical evidence

If your application is accompanied by a current report by a health professional, social worker, or other professional person who is qualified to assess the protected person's decision-making capacity, refer to the table on Page 2 'What application are you making?').

The report should answer the following questions:

1. Is there a formal diagnosis of the protected person's condition?
2. If yes, what is the nature of their condition?
3. Describe the effect of this condition on their ability to make decisions in relation to their personal issues (e.g. accommodation, legal, health, etc.)

A [*Health Professional Report Template*](#) and [*Health Professional Report Template – Prescribed Medical Procedure*](#) are available on our website.

I have attached medical evidence about the protected person's condition

Note: The report should not have been written more than 3 months before this application is made so that it contains the most current and relevant information about the protected person's condition.

If there is no medical report or the report was written over 3 months before this application is made, explain why a more recent report cannot be obtained:

Part 7 – Enduring Power of Attorney (EPoA)

ACAT can make orders about an existing EPoA under the *Guardianship and Management of Property Act 1991* (see sections 62-66) and under the *Powers of Attorney Act 2006* (see sections 14, 41C, 41D, 41G, 50A and 53).

ACAT cannot make an EPoA for a protected person. An ePoA must be made by a person when they have decision-making capacity.

Date EPoA was made

Details of Attorney

If there is more than one attorney, attach their details on a separate page.

Full name

Postal address

Email

Telephone

What order/s do you want ACAT to make about the EPoA? Some examples of orders ACAT can make include: an order to remove an attorney, an order to revoke all or part of an EPoA, or a declaration about a person's decision-making capacity.

- I have attached a copy of the Enduring Power of Attorney
- I have attached any relevant documents that would assist ACAT to **consider** making the order/s.

Notes: if you are applying to revoke an EPoA, you may also wish to make an application to appoint a guardian and/or a manager. See the requirements for this application on page 2 'What application are you making?'

If you are applying for an order that the attorney pay the principal or the principal's estate under section 50A of the *Powers of Attorney Act 2006* and the attorney and/or principal has died, an application must be made to ACAT within 6 months of the date of death. If you want to ask for this time to be extended, please use the box above.

Why do you want ACAT to make the order/s? Attach a separate page if insufficient space.

Part 8 – Prescribed medical procedure

ACAT can give consent to a prescribed medical procedure that is necessary for the protected person. The protected person must have current guardianship orders for the ACAT to consider consent to a prescribed medical procedure.

Note: ACAT can only give consent to a prescribed medical procedure if the protected person has a guardian. If there is no guardian appointed, you must also make an 'Application to appoint a guardian'. See the requirements for this application on page 2 'What application are you making?'.

What proposed prescribed medical procedure you are applying for?

- Abortion
- Reproductive sterilisation
- Hysterectomy
- Contraception
- Removal of non-regenerative tissue for transplantation
- Electroconvulsive therapy or psychiatric surgery
- Other prescribed medical procedure. Please specify:

- I have attached medical evidence in relation to the protected person's capacity and why the procedure would be in the protected person's interest.**

Why is the prescribed medical procedure in the protected person's best interest? [*A Health Professional Report Template – Prescribed Medical Procedure*](#) is available on our website which can be used to give this information. ACAT must consider the wishes of the protected person, what alternatives are available, whether the procedures can be postponed because better treatment may become available.

Part 9 – Review of current orders

ACAT can review current orders made about the protected person, including the appointment of a guardian or manager, and make orders to vary the powers under the current appointment, or revoke existing orders.

Select one:

- I am applying to **vary** an existing guardianship or management appointment
- I am applying to **revoke** an existing guardianship or management appointment

Date of current orders

Note: if you are applying to change who is appointed **a guardian and/or manager**, you may wish to make an application for the appointment of a guardian and/or manager by completing Part 1 of this form.

If you are applying to **revoke all guardianship and/or management orders**, you must provide medical evidence that there are no other decisions that need to be made for the protected person.

- If applicable, I have attached medical evidence that states the protected person has regained decision-making capacity**

Why do you think ACAT should review the current orders? Attach a separate page if insufficient space.

Part 10 – Other orders

ACAT can make other orders under the *Guardianship and Management of Property Act 1991* and *Powers of Attorney Act 2006*. Use this part of the form if there are other orders you want ACAT to make.

What order do you want ACAT to make? Select all that apply:

- To approve a transaction involving a conflict of interest
 - I have attached evidence of the protected person's financial situation
- A direction to a guardian and/or manager
- An opinion or advice to a guardian and/or manager about the exercise of functions or powers
- Recovery of loss caused, or profits accrued, by a guardian or manager
- To adjust a transaction or to restrain dealings
- Other order/s. Please specify:

Why do you want ACAT to make the order/s?

Part 11 – Availability

What dates are the parties **not available** to participate in a hearing in the next 3 months? Include any days of the week or times of day you are not available.

Part 12 – Attendance

Parties can attend ACAT hearings can be conducted either in person or remotely.

1. Will **you** be able to attend the hearing **in person**? Yes No Do not know

If not, explain why. Please also indicate whether you can attend remotely instead:

2. ACAT requests the **protected person** take part in the hearing so ACAT can discuss the application with them and hear their views and wishes about it.

Will the **protected person** be able to attend the hearing **in person**? Yes No Do not know

If not, explain why. Please also indicate whether the protected person can attend remotely instead:

Part 13 – Accessibility

We can adjust our services to make an ACAT listing (such as a hearing) more accessible for you and the protected person. Please answer the following questions:

1. Do **you** need an **interpreter**? Yes No

If yes, what is the language and dialect you need interpreting? (includes AUSLAN interpreter)

2. Does the **protected person** need an **interpreter**? Yes No

If yes, what is the language and dialect the protected person needs interpreting? (includes AUSLAN interpreter)

3. Do **you** have a **disability**? Yes No Prefer not to say

4. Would you like to request a **reasonable adjustment** be made for you and/or the protected person? We may be able to assist with making adjustments that support participation in ACAT hearings.

Some adjustments that ACAT may be able to make include:

- Access to Hearing Augmentation System
- Access to a wheelchair
- Escorting to tribunal room
- Sensory adjustments
- Communication adjustments with Member
- Pre-hearing tour
- Regular breaks

If yes, please describe the adjustment/s you are asking ACAT to make for you and/or the protected person and specify who requires the adjustment:

There is more information about reasonable adjustments on the 'Accessibility' page of the ACAT website (www.acat.act.gov.au).

If you wish to bring a non-accredited assistance animal, please contact us to discuss the details. We may ask for additional information about the animal. Our contact details are on the last page of this form.

Important: this application will be given to the protected person, any current guardian, any current manager, any current attorney, and the Public Trustee and Guardian.

If you have any concerns or do not want to request an adjustment on this form, please call the Disability Liaison Officer on (02) 6205 0322 or email ACATAssistance@act.gov.au.

If we are unable to make an adjustment that you request, we will contact you to let you know.

Please note that your contact details and adjustment request may be passed on to the Disability Liaison Officer who may contact you for more details about how we can help.

Part 14 – Signature and declaration

Warning: pursuant to section 338 of the *Criminal Code 2002*, a person commits an offence if they knowingly make a statement in a document which is false or misleading to a person who is exercising a function under a territory law for which the maximum penalty is 100 penalty units, imprisonment for 1 year, or both.

By signing this form, I certify:

- a. I have read this application and consider to the best of my knowledge that all the information provided is true and correct, is not misleading and that no information relevant to the application has been omitted.
- b. I understand that a copy of this application and any attachments will be provided to the protected person, any current guardians, managers and/or Enduring Power of Attorneys and the Public Trustee and Guardian, unless ACAT orders otherwise.
- c. I have completed the checklist on the next page.

Signature of applicant
(all applicants to sign)

Name/s of applicant/s

Date

Complete the checklist on the next page before lodging with ACAT

Checklist

- Application about a Guardian, Manager or Enduring Power of Attorney – General*) is correctly filled out, including (where applicable):
 - Applicant’s details
 - Protected person’s details
 - Interested persons’ details
 - Proposed guardian and consent to act
 - Proposed manager and consent to act
 - Medical evidence
 - Enduring Power of Attorney (EPoA)
 - Prescribed Medical Procedure
 - Review of current orders
 - Availability
 - Accessibility
 - Form is signed by applicant/s and witnessed
- If applicable, a medical report by a health professional about the protected person’s condition and decision-making capacity is attached.
- If applicable, a medical report by a health professional in support of a prescribed medical procedure is attached.
- If applicable, the current ACAT orders are attached.
- If applicable, the Enduring Power of Attorney is attached.
- If applicable, relevant documents that would assist ACAT to consider making order/s are attached.

Important Information

There is no application fee for this matter.

The contact details provided will be used by ACAT to communicate with you. You should ensure your mail, telephone and email are secure and that you check them regularly for information about your matter.

After this form is lodged, ACAT will advise the parties of the next steps.

Do you need assistance?

If a party needs an interpreter or would like to request a reasonable adjustment be made, please let ACAT know as soon as possible. A list of services ACAT can provide is available on the Accessibility page of our website (www.acat.act.gov.au).

More information

Visit our website www.acat.act.gov.au for information about:

- What to expect
- Case types → Guardianship and management of property cases
- Fees and forms
- Lodge and serve documents

Contact ACAT

Telephone (02) 6207 1740

Email tribunal@act.gov.au

In person Allara House
15 Constitution Avenue
CANBERRA CITY ACT 2601

Post ACT Civil and Administrative Tribunal (ACAT)
GPO BOX 370
CANBERRA ACT 2601

Definitions

Commonly used word/phrase	Definition
Decision-making capacity	If a person has decision-making capacity , they can make decisions about their personal affairs and they can understand the nature and effect of those decisions.
Impaired decision-making capacity	If a person has impaired decision-making capacity , they cannot make decisions about their personal affairs and they cannot understand the nature and effect of those decisions.
Protected person	A protected person is the person who this application is about.
Guardian	A guardian is a person appointed to make decisions on behalf of a protected person about their health, welfare, education, work and living arrangements . ACAT can appoint a guardian for a protected person.
Manager	A manager is a person appointed to make decisions on behalf of a protected person about their finances or property . ACAT can appoint a manager for a protected person.
Enduring Power of Attorney (EPoA)	An Enduring Power of Attorney (EPoA) is a document signed by the protected person (also known as the principal) when they have decision-making capacity . An EPoA gives certain people (such as family) the power to make decisions for the protected person, when the protected person has impaired decision-making capacity . ACAT cannot make an EPoA, but it can vary or revoke an EPoA.
Prescribed medical procedure	A prescribed medical procedure is an abortion, reproductive sterilisation, a hysterectomy, a medical procedure concerned with contraception, removal of non-regenerative tissue for transplantation to the body of another living person, electroconvulsive therapy or psychiatric surgery
Interested person	An interested person is a spouse, domestic partner, parent, sibling or child of the protected person. Anyone else who has an interest in the application should also be listed as an interested person, such as a non-domestic partner, carer, or EPoA.