

Application for Review of a Decision under Part 10, *Voluntary Assisted Dying Act 2024*

If you are applying for review of a decision under Part 11 of the *Voluntary Assisted Dying Act 2024* or under a different law, use the standard 'Application for Review of a Decision' form (available at <https://www.acat.act.gov.au/fees-and-forms/forms>).

If you need help completing this form, please call the ACAT registry on (02) 6207 1740, or email tribunal@act.gov.au.

ACAT file number (ACAT use only)

VAD

1. Applicant

Provide details of the person making this application. 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

Phonetic spelling of name

(optional)

Pronouns

(optional)

Postal address

Email

Telephone

What is your relationship to the individual about whom the reviewable decision was made?

I am the individual

I am somebody else (please specify)

If you are somebody else, explain why you have a sufficient and genuine interest in the rights of the individual:

2. Applicant's representative

Provide details of your authorised representative (if any). ACAT will use these details to contact your representative and will only contact you directly if your representative is unavailable.

Full name of representative

Phonetic spelling of name

(optional)

Pronouns

(optional)

Law firm (if

applicable)

Postal address

Email

Telephone

If your representative is not a lawyer, you must also lodge an *Authority to Act for an Individual* (for a person) or an *Authority to Act for a Corporation* (for a corporation or any other legal entity). These forms are available at <https://www.acat.act.gov.au/fees-and-forms/forms>.

3. Individual

Provide the details of the individual about whom the reviewable decision was made.

Full name of individual

Date of birth

(DD/MM/YYYY, if known)

Postal address

Email

Telephone

4. Health practitioner

Provide the details of the individual's health practitioners.

Coordinating practitioner

Full name

Practice name

Practice postal address

Work email

Work telephone

Consulting practitioner (if the individual has a consulting practitioner)

Full name

Practice name

Practice postal address

Work email

Work telephone

5. Decision to be reviewed

The decision was made by the:

Coordinating practitioner

Consulting practitioner

Date reviewable decision made

Date you received or became aware
of the reviewable decision

What is the reviewable decision/s that you want ACAT to review? If possible, please include the relevant Column 1 item number/s mentioned in Schedule 1 of the *Voluntary Assisted Dying Act 2024*.

I have **attached** a copy of the decision notice or relevant report by a health practitioner I want ACAT to review.

- Decision Notice attached
- Relevant Report attached

If not attached, why not?

6. Reasons for applying

Why do you want ACAT to make a different decision? Attach a separate page if insufficient space.

7. Final order/s

What is the final order/s you want ACAT to make?

8. Interim or emergency orders (if any)

Do you want ACAT to make any interim or emergency orders, such as non-publication orders? If so, what orders do you want? Attach a separate page if insufficient space.

9. Application for extension of time (if applicable)

In most cases, you must lodge this application with ACAT within a certain period of time after the individual receives the relevant report (as defined in s136(4) of the *Voluntary Assisted Dying Act 2024*) or when you became aware of the reviewable decision.

For a decision that the individual **meets** an eligibility or final assessment requirement/s to access voluntary assisted dying, lodge the application **within 5 days** after the later of:

- the day the individual is given a copy of the relevant report, and
- the day the affected person making the application for review becomes aware of the reviewable decision.

For a decision that the individual **does not meet** an eligibility or final assessment requirement/s to access voluntary assisted dying, lodge the application **within 28 days** after the later of:

- the day the individual is given a copy of the relevant report, and
- the day the affected person making the application for review becomes aware of the reviewable decision.

If this application is late, explain why it is late and why ACAT should extend time for you to make this application.

10. Availability

What dates are you **not available** to attend ACAT in the next 4 weeks? Include any days of the week or times of day you are **not available**, and your reasons why (for e.g. work, medical).

11. Accessibility

We can adjust our services to make ACAT more accessible for you. 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. Do you have a **disability**? Yes No Prefer not to say

3. Would you like to request a **reasonable adjustment** be made? We may be able to assist you with some adjustments that support you when you are at ACAT.

Some adjustments that ACAT may be able to make include:

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

Please describe the adjustment/s you are asking ACAT to make (if any):

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

If you want 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 individual about whom the decision was made, the decision-maker, and the coordinating practitioner.

If you 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.

We will let you know if we cannot make an adjustment that you request.

Your contact details and adjustment request may be passed on to the Disability Liaison Officer. They may ask you for more details about how we can help.

12. Signature

Your application and any attachments will be given to the individual about whom the decision was made, the coordinating practitioner, the consulting practitioner (if any) and the Voluntary Assisted Dying Oversight Board.

ACAT hearings of these matters are not open to the public. For more information, please refer to the page on 'Voluntary assisted dying cases' on the ACAT website (www.acat.act.gov.au) and contact the Registry if you have further questions (see contact details in checklist).

By signing this application form, I certify:

- a. The information provided in this application is true to the best of my knowledge and belief.
- b. I understand that a copy of this application and any attachments will be provided to the people and Board named above, as well as their representatives, unless the ACAT orders otherwise.
- c. I understand that a copy of this application and any attachments may be given to any other person the ACAT directs a copy be given to.

**Signature of applicant or
applicant's representative**
(all applicants to sign)

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Full name of person/s signing

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Date

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Complete the checklist on the next page before lodging with ACAT.

Checklist

- Application for Review of a Decision under Part 10, Voluntary Assisted Dying Act 2024**, including:
 - Applicant's details
 - Applicant's representative
 - Individual's details
 - Health Practitioner's details
 - Details of the decision to be reviewed
 - Reasons for applying
 - Final orders sought
 - Interim or emergency orders sought (if any)
 - Application for extension of time (if applicable)
 - Your availability
 - Accessibility
 - Form is signed by applicant or their authorised representative

- The **decision notice you want ACAT to review**, being the reviewable decision of the health practitioner, and **the relevant report**, are attached (unless indicated otherwise in item 5 of this form).

- If applicable, an **Authority to Act for an Individual** (for a person) or an **Authority to Act for a Corporation** (for a corporation or any other legal entity) is attached (available at www.acat.act.gov.au).

Important Information

There is no application fee for this matter.

The contact details you provide will be used by ACAT to contact you. 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 you and any other 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 → Voluntary assisted dying 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
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