

Questionnaire - Review of Appointment of Guardian or Manager

Under the *Guardianship and Management of Property Act 1991*

ACAT matter number **GT**

Under the *Guardianship and Management of Property Act 1991* the ACT Civil and Administrative Tribunal (ACAT) must review orders it has made appointing a guardian or manager at least once every three years. ACAT is reviewing the orders made in relation to the 'protected person'.

- Who should complete this form: each guardian and manager appointed in relation to the protected person. A separate form from each guardian and/or manager is required.
- ACAT will consider the information provided in this form when it reviews the order.
- Once you have completed this form, send or deliver it to ACAT using the information on the final page.

1. PROTECTED PERSON'S DETAILS

Protected Person's

Full Name

Date of Birth

Protected Person's
residential address

2. GUARDIAN OR MANAGER'S DETAILS

Full Name (name of
guardian or manager)

You are appointed as

☐

Guardian

☐

Manager

☐

Guardian and Manager

Your postal address

Your contact number

Your email address

Do you consent to continuing your appointment?

Guardian
Manager

☐

Yes

☐

No

☐

N/A

☐

Yes

☐

No

☐

N/A

3. DETAILS OF APPOINTMENT

Attach a page(s) if there is insufficient space.

a. What is the protected person's current condition or disability?

b. Has there been any change in the protected person's condition or disability since the current orders were made?

☐ Yes ☐ No

If yes, provide details:

c. Do you think that the current orders need to be varied or revoked?

☐ Yes ☐ No

If yes, say why:

d. Do you think that a change of guardian or manager should be considered?

☐ Yes ☐ No

If yes, say why:

e. Are there any issues or matters concerning the guardian, manager or the protected person that you think the Tribunal should know or consider?

☐ Yes ☐ No

If yes, provide details:

4. NEW CONTACT DETAILS

Complete this section if you (the guardian or manager) or the protected person have changed their contact details.

If more than one person has changed their contact details, attach a separate page.

Name

Position

☐ Protected Person ☐ Guardian ☐ Manager

Postal address

Contact number

Email address

5. SIGNATURE

By signing this form, I certify that to the best of my knowledge:

- ☐ all information provided is true and correct and is not misleading; and
- ☐ no relevant information has been left out.

**Name of person
signing (print)**

Signature

Date

Send or deliver this form to ACAT in person or by:

Email tribunal@act.gov.au

Fax (02) 6205 4855

Post GPO Box 370 Canberra ACT 2601