

- Please read the Guide for Applications to the Guardianship List (the Guide) before completing this application.
- Use this form (form 1) 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 other applications use form 2. But if you want to make an application under the Disability Act 2006, use form 3.
- 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, such as an attorney holding an Enduring Power of Attorney.
- 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](http://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.**

## Enduring Powers

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

No  Go to question 9. Do not know  Go to question 9.

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"/>	

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

No  Go to question 10. Do not know  Go to question 10.  
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"/>	

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

No  Go to question 11. Do not know  Go to question 11.  
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"/>	

## Will details

11. Has the person you are applying about made a Will?

No  Go to question 12. Do not know  Go to question 12.

Yes  Do you know who holds the will?

No  Go to question 12.

Yes  Please give details of who holds it

Name	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
<input type="text"/>	
Telephone number	
<input type="text"/>	

If you can, you should bring a copy of the Will to the hearing.



## Appointment of an Administrator

18. What type of Administrator do you wish VCAT to appoint?

Temporary  Ongoing

Who do you wish to nominate as Administrator?

VCAT to determine

**OR** Name of person you wish to nominate as Administrator

Address

  

Postcode

Home telephone number

Work telephone number

Fax number

Email address

Has this person agreed to act as Administrator? Yes  No

## Appointment of a Guardian

19. What type of Guardian do you wish VCAT to appoint?

Temporary  Ongoing

Who do you wish to nominate as 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

Has this person agreed to act as Guardian? Yes  No

## Revocation (cancellation) of or another order in relation to an Enduring Power of Attorney (financial)

20. Briefly state why you wish VCAT to revoke the Enduring Power of Attorney or make some other order

  
  
  
  
  
  
  

## Authority to Public Advocate to visit a person with a disability

21. Why do you wish VCAT to authorise the Public Advocate to visit the person with the disability?

- The person is being unlawfully detained against their will
- The person is likely to suffer physical, emotional or mental harm unless immediate action is taken

## All applicants must sign here

### Declaration by person making this application

22. 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

### 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 5408  
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.