

APPLICATION ABOUT MEDICAL TREATMENT

WHAT VCAT CAN DO

VCAT can review medical treatment decisions, advance care directives and potential medical research procedures relating to people who do not have the capacity to make decisions about their medical treatment.

THE PERSON YOU ARE APPLYING ABOUT

Throughout this application form, we refer to “the person you are applying about”. This person could be you or someone else. The person you are applying about **matches any** of the following descriptions:

- the person who made an advance care directive
- the person who made the appointment of a medical treatment decision maker or support person
- the person who medical treatment or a medical research procedure will be administered to.

DOCUMENTS YOU NEED TO PROVIDE

Medical report

You are responsible for providing VCAT with a copy of a recent and relevant medical report for the person. We need this medical report to help establish their capacity to make medical treatment decisions. You can download a medical report template to be completed by a medical practitioner from our website, go to www.vcat.vic.gov.au/medicalreport.

Other documents

You **may also need to provide copies** of the following:

- advance care directive
- medical treatment decision maker appointment (formerly known as enduring power of attorney for medical treatment)
- support person appointment.

You can also provide any other documentation that supports your case.

OTHER APPLICATIONS

You can also apply to VCAT about appointing a guardian, administrator, and/or about an existing enduring power of attorney.

If you want to make more than one type of application, we recommend using our online form. Go to www.vcat.vic.gov.au/guardianshiponline.

Otherwise, you can apply using our PDF forms and send it to us:

- To appoint an administrator and/or guardian, go to www.vcat.vic.gov.au/guardianform.
- To apply about an existing enduring power of attorney, go to www.vcat.vic.gov.au/powerofattorneyform.

INFORMATION PRIVACY

If you wish to know how VCAT may use the information you provide, refer to VCAT’s privacy statement on the website (www.vcat.vic.gov.au/privacy). In most situations, VCAT is not allowed to publicly disclose information about a person apart from publishing decisions, repeating anything said or done at a public VCAT hearing and allowing the public to search the register and files.

WHAT IS YOUR APPLICATION ABOUT?

1. Select at least one type of application you want to make:

Decision-making capacity

If your application is about decision-making capacity, you will need to provide a copy of a medical report. Your VCAT hearing may be delayed if a copy is not provided before the hearing.

- Determine a person's capacity to make decisions about their medical treatment

Advance care directive

If your application is about an advance care directive, you will need to provide a copy of a medical report and the advance care directive.

If you do not provide a copy of these documents, VCAT will request one later from you or someone you have mentioned in your application. Your VCAT hearing may be delayed if these documents are not provided before the hearing.

- Decide whether an advance care directive is valid
- Decide whether a change to an advance care directive is valid
- Decide whether a cancellation of an advance care directive is valid
- Review the meaning and effect of an advance care directive
- Decide whether a statement in an advance care directive is still applicable due to a change in circumstances
- Give advice to a medical treatment decision maker or health practitioner about an advance care directive
- Other, provide details:

Appointed medical treatment decision-maker

If your application is about an appointed medical treatment decision-maker, you will need to provide a copy of a medical report and the medical treatment decision-maker appointment.

If your application is specifically about the cancellation of a medical treatment decision-maker appointment, you must also provide a copy of the appointment cancellation.

If you do not provide a copy of these documents, VCAT will request one later from you or someone you have mentioned in your application. Your VCAT hearing may be delayed if these documents are not provided before the hearing.

- Decide whether an existing appointment of a medical treatment decision maker is valid
- Decide if an appointment made without following proper procedure is valid
- Decide whether the cancellation of an appointment is valid
- Other, provide details:

See other types of applications you can make on the next page.

Appointed support person

If your application is about an appointed support person, you will need to provide a copy of a medical report and the support person appointment.

If your application is specifically about the cancellation of a support person appointment, you must also provide a copy of the appointment cancellation.

If you do not provide a copy of these documents, VCAT will request one later from you or someone you have mentioned in your application. Your VCAT hearing may be delayed if these documents are not provided before the hearing.

- Declare whether an existing appointment of a support person is valid
- Determine if an appointment made without following proper procedure is valid
- Declare whether the cancellation of an appointment is valid
- Other, provide details:

Medical treatment decision

If your application is about a medical treatment decision, you will need to provide a copy of a medical report. Your VCAT hearing may be delayed if a copy is not provided with this application.

- Review the authority of a person to make medical treatment decisions on someone else's behalf
- Give advice to a medical treatment decision maker or health practitioner about the medical treatment of a person
- Application by the Public Advocate about a decision by a medical treatment decision maker to refuse significant medical treatment

Medical research procedure

If your application is about a medical research procedure, you will need to provide a copy of a medical report. Your VCAT hearing may be delayed if a copy is not provided with this application.

- Application about the administration of a medical research procedure
- Give advice to a medical treatment decision maker about their authority to consent to a medical research procedure on behalf of a person

2. Are you applying for a rehearing?

Note: An application for a rehearing must be received by VCAT within 28 days of the date of the final order.

- Yes No, skip to Question 4

3. Provide the date on the final order (DD/MM/YYYY):

WHO DOES THIS APPLICATION RELATE TO?

This application can be about you or someone else.

It refers to the person who either:

- made an advance care directive
- appointed a medical treatment decision maker or support person
- the medical treatment or a medical research procedure will be administered to.

4. Name

Title Given names Last name

5. Date of birth (DD/MM/YYYY)

6. Is this person homeless?

- Yes, skip to Question 8 No

7. Address for receiving documents

Organisation (if applicable)

Street number and name

Suburb State Postcode

8. Contact details

Phone number Email

By providing us with your email, you consent to VCAT updating you about your application by email.

9. Does this person wish to be identified as someone of Aboriginal or Torres Strait Islander descent?

- Yes No Don't know

10. Is this person from a culturally or linguistically diverse background?

- Yes No Don't know

If yes, what is the cultural or linguistic background of the person to be represented?

11. Is there an existing VCAT application about this person?

- Yes No Don't know

If yes, what is the VCAT reference number of the existing application (if known)?

WHO IS APPLYING?

12. Are you the person described in the previous section?

- Yes, skip to Question 17 No

13. What is your relationship to the person you are applying about?

For example, medical treatment decision maker, support person, partner, relative, administrator, Public Advocate, health provider, close friend or other.

14. Your name

Title Given names Last name

15. Your address

Street number and name

Suburb State Postcode

16. Your contact details

Phone number Email

IS SOMEONE REPRESENTING YOU?

17. Are you represented by a lawyer or professional advocate?

If you are the lawyer or professional advocate for the person you are applying about, skip to Question 22.

- Yes No, skip to Question 22

18. Name of lawyer or professional advocate

Title Given names Last name

19. Address

Organisation (if applicable)

Street number and name

Suburb State Postcode

20. Contact details

Phone number Email

21. Do you want VCAT to send all correspondences to your professional representative?

- Yes No

PERSON'S CAPACITY TO MAKE MEDICAL TREATMENT DECISIONS

22. You are responsible for providing VCAT with a copy of a recent and relevant medical report that establishes the person's capacity to make medical treatment decisions. Examples of suitable medical practitioners include doctors, psychologists, neuro-psychologists and psychiatrists.

Indicate which of the following statements is true:

- I have included a copy of a recent medical report with this application.
 I have requested a report from a medical practitioner. I undertake to provide this report to VCAT before the hearing.

APPOINTED MEDICAL TREATMENT DECISION MAKER

23. Has the person you are applying about appointed a medical treatment decision maker?

This appointment was known as an enduring power of attorney (medical treatment) if made before 12 March 2018.

- Yes No, skip to Question 27 Don't know, skip to Question 27

24. Name of the appointed medical treatment decision maker

Title Given names Last name

25. Address

Street number and address

Suburb State Postcode

26. Contact details

Phone number Email

APPOINTED SUPPORT PERSON

27. Has the person you are applying about appointed a support person for medical treatment decisions?

Yes No, skip to Question 31 Don't know, skip to Question 31

28. Name of the appointed support person

Title Given names Last name

29. Address

Street number and address

Suburb State Postcode

30. Contact details

Phone number Email

PRIMARY CARER'S DETAILS

31. Does the person you are applying about have a primary carer?

Yes No, skip to Question 35 Don't know, skip to Question 35

32. Name of the primary carer

Title Given names Last name

33. Address

Organisation (if applicable)

Street number and address

Suburb State Postcode

34. Contact details

Phone number Email

RELATIVES AND INTERESTED PEOPLE

We need to ensure people with an interest in the person you are applying about are aware of this application.

Provide details of any relatives or people who may have an interest in this application, including the person's spouse/domestic partner, parents, children, siblings, health practitioner, solicitor, guardian, administrator, power of attorney, close friend or neighbour.

Person 1

35. Name

Title Given names Last name

36. Address

Street number and name

Suburb State Postcode

37. Contact details

Phone number Email

38. What is their relationship to the person you are applying about?

Person 2

39. Name

Title Given names Last name

40. Address

Street number and name

Suburb State Postcode

41. Contact details

Phone number Email

42. What is their relationship to the person you are applying about?

Person 3

43. Name

Title Given names Last name

44. Address

Street number and name

Suburb State Postcode

45. Contact details

Phone number

Email

46. What is their relationship to the person you are applying about?

Person 4

47. Name

Title

Given names

Last name

48. Address

Street number and name

Suburb

State

Postcode

49. Contact details

Phone number

Email

50. What is their relationship to the person you are applying about?

If there are more relatives or interested people you are aware of, provide details on a separate sheet and attach to this application.

REASONS FOR MAKING AN APPLICATION

51. Briefly explain your reasons for making this application

ATTENDANCE AT THE HEARING

We offer a range of support services for people with disabilities, language difficulties and concerns about their personal safety. Let us know of your needs so we can make arrangements for the hearing.

The person you are applying about should attend the hearing unless there are special circumstances that would prevent this.

We also expect anyone else mentioned in this application to attend the hearing.

52. Is there anything preventing the person you are applying about from attending the VCAT hearing?

Yes

No

Don't know

If yes, state the circumstances that prevent the person from attending the VCAT hearing:

53. Do you need the hearing to be held at a venue other than at VCAT?

- Yes No Don't know

If yes, tell us why you need a different venue:

54. Does anyone attending the hearing require an interpreter?

- Yes No Don't know

If yes, tell us who needs an interpreter and for what language:

55. Does anyone attending the hearing have concerns about their personal safety?

- Yes No Don't know

If yes, tell us who has concerns about their personal safety at the hearing and why:

56. Does anyone attending the hearing require video link or telephone facilities?

- Yes No Don't know

If yes, tell us who needs video link or telephone facilities for the hearing and why:

57. Does anyone attending the hearing require any other type of special assistance?

- Yes No Don't know

If yes, tell us who needs any other type of special assistance and what they require:

ACKNOWLEDGMENT

By completing this application, I understand and acknowledge that:

- to the best of my knowledge, all information provided in this application is true and correct
- 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 will provide a copy of my completed application to all of the following:
 - person you are applying about (if not you)
 - all relatives and interested people
 - the person's primary carer (if applicable)
 - the person's current administrator and/or guardian (if applicable)
 - the appointed medical treatment decision maker (if applicable)
 - the appointed support person (if applicable)
- I will notify VCAT in writing if I am unable to provide a copy of my application to any party.

Date (DD/MM/YYYY):

APPLICATION CHECKLIST

Documents to attach with this application

Attach the following documents if you have them. Your VCAT hearing may be delayed if we do not get all required documents that are relevant to your application.

- Current medical report
- Advance care directive – if your application is about an advance care directive
- Medical treatment decision maker appointment document – if your application is about an appointed medical treatment decision maker
- Support person appointment document – if your application is about an appointed support person
- List of other known relatives and interested people (if you could not provide all details on this form)
- Any other documentation to support your application

Further steps to take

Ensure you do the following:

- Give a copy of this application to every person mentioned in this application
- Make a copy of this application for your own records
- Speak to the person whom this application is about (if possible)

SUBMITTING THIS APPLICATION

Submit your application and a copy of the medical report to VCAT either by email or by post.

By email

Email humanrights@vcat.vic.gov.au

By post

Send to:

The Registrar
Guardianship List
Victorian Civil and Administrative Tribunal
GPO Box 5408 Melbourne VIC 3001

NEED HELP WITH YOUR APPLICATION?

If you have any questions about completing this form, contact our Customer Service team by phone, email or in person.

By email

Email humanrights@vcat.vic.gov.au

By phone

Call us between 9 am and 5 pm Monday to Friday on 1300 01 8228 (1300 01 VCAT).

In person

Our office is located at 55 King Street, Melbourne VIC 3000.

We are open Monday to Friday from 9 am to 4.30 pm.