

# APPLICATION FOR ORDER APPOINTMENT OF AN ADMINISTRATOR AND/OR GUARDIAN

## WHAT VCAT CAN DO

### We can appoint a guardian and/or administrator

The Victorian Civil and Administrative Tribunal (VCAT) can make orders protecting people aged 18 years or over who have a disability that affects their decision making ability. The cause of the disability may be dementia, intellectual impairment, mental illness or a brain injury.

If necessary, VCAT may appoint a **guardian** for people unable to make reasoned decisions about their lifestyle, including health care, employment and living arrangements. VCAT may appoint an **administrator** for people unable to make reasoned decisions about their financial or legal affairs.

## YOU NEED TO PROVIDE A MEDICAL REPORT

As the applicant, you are responsible for providing VCAT with a copy of a recent and relevant medical report for the person to be represented by a guardian and/or administrator.

We need a medical report to help establish the disability, inability to make reasoned decisions and need for a guardian and/or administrator for the person you are seeking an order for. 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](http://www.vcat.vic.gov.au/medicalreport).

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](http://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.

## APPLICANT DETAILS

### 1. Name of the applicant

Title  Given names  Last name

### 2. Address

Organisation (if applicable)

Street number and name

Suburb/Town  State  Postcode

### 3. Contact details

Phone number  Email

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

For example, partner, son, mother, case manager or self.

### 5. Has a previous application about this person been made to the Guardianship List?

Yes  No

VCAT File Number (if known)

## DETAILS OF THE PERSON WITH THE DISABILITY

### 6. Are you the person to be represented by a guardian or administrator?

- Yes, skip to Question 10  No

### 7. Name of the person to be represented

Title  Given names  Last name

### 8. Address of the person to be represented

Street number and name   
Suburb/Town  State  Postcode

### 9. Contact details of the person to be represented

Phone number  Email

### 10. Date of birth of the person to be represented (DD/MM/YYYY)

### 11. Does the person to be represented wish to be identified as a person of Aboriginal or Torres Strait Islander descent?

- Yes  No

### 12. Is the person to be represented of a culturally or linguistically diverse background?

- Yes  No

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

## DETAILS OF THE DISABILITY

### 13. What is the nature of the person's disability?

- Intellectual impairment  Brain injury  Mental disorder  
 Physical disability  Dementia  Other

If other, provide details:

## EVIDENCE OF THE DISABILITY

You are responsible for providing VCAT with a copy of a recent and relevant medical report that establishes the disability, inability to make reasoned decisions and need for a guardian and/or administrator for the person you are seeking an order for.

Examples of suitable medical practitioners include doctors, psychologists, neuro-psychologists and psychiatrists.

### 14. 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.

**15. Name of the medical practitioner providing the report**

Title  Given names  Last name

Name of practice, hospital or clinic

Street number and address

Suburb/Town  State  Postcode

Phone number

**PRIMARY CARER'S DETAILS**

**16. Does the person to be represented have a primary carer?**

Yes  No, skip to Question 18  Don't know, skip to Question 18

**17a. Name of the primary carer**

Title  Given names  Last name

**17b. Address of the primary carer**

Organisation (if applicable)

Street number and address

Suburb/Town  State  Postcode

**17c. Contact details of the primary carer**

Phone number  Email

**17d. What is the primary carer's relationship to the person to be represented?**

For example, child, parent, grandparent, partner, friend, neighbour, solicitor, etc.

**KNOWN RELATIVES AND OTHER INTERESTED PEOPLE**

We need to ensure people with an interest in the person to be represented are aware of this application. Examples of someone with an interest in the appointment of a guardian or administrator include a child, parent, grandparent, partner, friend, neighbour, solicitor, or a current guardian or administrator.

**18. Apart from those you have already mentioned above, do you know of any relatives and/or other people who would have an interest in the appointment of a guardian or administrator?**

Yes  No, skip to Question 24  Don't know, skip to Question 24

**Details of known relative or interested person – Person 1**

**19a. Name of relative or interested person**

Title  Given names  Last name

**19b. Address of relative or interested person**

Street number and address

Suburb/Town  State  Postcode

**19c. Contact details of relative or interested person**

Phone number  Email

**19d. What is their relationship to the person to be represented?**

For example, child, parent, grandparent, partner, friend, neighbour, solicitor, etc.

**Details of known relative or interested person – Person 2**

Provide details of any other known relative or interested person below. Otherwise, skip to Question 24.

**20a. Name of relative or interested person**

Title  Given names  Last name

**20b. Address of relative or interested person**

Street number and address

Suburb/Town  State  Postcode

**20c. Contact details of relative or interested person**

Phone number  Email

**20d. What is their relationship to the person to be represented?**

**Details of known relative or interested person – Person 3**

Provide details of any other known relative or interested person below. Otherwise, skip to Question 24.

**21a. Name of relative or interested person**

Title  Given names  Last name

**21b. Address of relative or interested person**

Street number and name

Suburb/Town  State  Postcode

**21c. Contact details of relative or interested person**

Phone number  Email

**21d. What is their relationship to the person to be represented?**

**Details of known relative or interested person– Person 4**

Provide details of any other known relative or interested person below. Otherwise, skip to Question 24.

**22a. Name of relative or interested person**

Title  Given names  Last name

**22b. Address of relative or interested person**

Street number and name

Suburb/Town

State

Postcode

**22c. Contact details of relative or interested person**

Phone number

Email

**22d. What is their relationship to the person to be represented?**

**Details of known relative or interested person – Person 5**

Provide details of any other known relative or interested person below. Otherwise, skip to Question 24.

**23a. Name of relative or interested person**

Title

Given names

Last name

**23b. Address of relative or interested person**

Street number and name

Suburb/Town

State

Postcode

**23c. Contact details of relative or interested person**

Phone number

Email

**23d. What is their relationship to the person to be represented?**

If there are other known relatives or interested people, include an attachment with their details.

**DO YOU WANT AN ADMINISTRATOR APPOINTED?**

**24. Are you seeking an administrator for the person to be represented?**

Yes

No, skip to Question 29

**25. Do you want VCAT to nominate an administrator?**

Yes, skip to Question 29

No

**26a. Who do you want to nominate as the administrator?**

Title

Given names

Last name

**26b. Address of the administrator nominee**

Organisation (if applicable)

Street number and name

Suburb/Town

State

Postcode

**26c. Contact details of the administrator nominee**

Phone number

Email

**26d. What is their relationship to the person to be represented?**

For example, child, parent, grandparent, partner, friend, neighbour, solicitor, etc.

**27. Do you also want to nominate someone else to share in the duties of the administrator?**

Yes  No, skip to Question 29

**28a. Who do you want to nominate as a second administrator?**

Title  Given names  Last name

**28b. Address of the second administrator nominee**

Organisation (if applicable)

Street number and name

Suburb/Town  State  Postcode

**28c. Contact details of the second administrator nominee**

Phone number  Email

**28d. What is their relationship to the person to be represented?**

For example, child, parent, grandparent, partner, friend, neighbour, solicitor, etc.

If you want to nominate more than two administrators, include an attachment with the details of your nominees.

**DO YOU WANT A GUARDIAN APPOINTED?**

**29. Are you seeking a guardian for the person to be represented?**

Yes  No, skip to Question 33

**30. Do you want VCAT to nominate a guardian?**

Yes, skip to Question 33  No

**30a. Who do you want to nominate as the guardian?**

Title  Given names  Last name

**30b. Address of the guardian nominee**

Organisation (if applicable)

Street number and name

Suburb/Town  State  Postcode

**30c. Contact details of the guardian nominee**

Phone number  Email

**30d. What is their relationship to the person to be represented?**

For example, child, parent, grandparent, partner, friend, neighbour, solicitor, etc.

**31. Do you also want to nominate someone else to share in the duties of the guardian?**

Yes  No, skip to Question 33

**32a. Who do you want to nominate as a second guardian?**

Title  Given names  Last name

**32b. Address of the second guardian nominee**

Organisation (if applicable)

Street number and name

Suburb/Town  State  Postcode

**32c. Contact details of the second guardian nominee**

Phone number  Email

**32d. What is their relationship to the person to be represented?**

For example, child, parent, grandparent, partner, friend, neighbour, solicitor, etc.

If you want to nominate more than two guardians, include an attachment with the details of your nominees.

**REASONS FOR MAKING AN APPLICATION**

**33. Briefly state your reasons for making this application**

**34. Are you making this application because of the National Disability Insurance Scheme (NDIS)?**

Yes  No  Unsure

**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 to be represented 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.

**35. Is there anything preventing the person to be represented from attending the VCAT hearing?**

Yes  No  Unsure

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

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

Yes  No  Unsure

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

**37. Does anyone attending the hearing require an interpreter?**

Yes                       No     Unsure

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

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

Yes                       No     Unsure

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

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

Yes                       No     Unsure

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

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

Yes                       No     Unsure

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 to be represented
  - any primary carer
  - all relatives and interested parties
  - any current administrator and/or guardian
  - any person I am proposing as an administrator and/or guardian
- I will notify VCAT in writing if I am unable to provide a copy of my application to any party.

Full name of person completing this form:

Date:

## 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](mailto:humanrights@vcat.vic.gov.au)

### **By post**

Send to:

The Registrar  
Guardianship List  
Victorian Civil and Administrative Tribunal  
GPO Box 13193 Law Courts VIC 8010

## 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](mailto: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 open Monday to Friday from 9 am to 4.30 pm.

William Cooper Justice Centre  
Level 5, 223 William Street  
Melbourne VIC 3000