



# Appointed guardian statement

## GUARDIANSHIP DIVISION

When the Tribunal reviews a guardianship order, the Appointed Guardian must provide a statement so that the Tribunal can make appropriate hearing arrangements and inform its decision making during the review. Additional pages may be attached to this statement if more space is required.

NCAT File Number

## 1. GUARDIAN'S DETAILS

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### A. WHO IS APPOINTED AS THE GUARDIAN?

- NSW Public Guardian
- Private Guardian (please complete details below)

Given name Family name

Address

Telephone Mobile

Email

## 2. PERSON SUBJECT TO CURRENT GUARDIANSHIP ORDER

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Please attach copies of any existing current medical or professional reports that are available that address the person's disability or capacity.

### A. NAME AND CURENT ADDRESS OF PERSON

Given name Family name

Address

Contact details Daytime telephone Mobile

Email

### B. HAS THE PERSON'S ABILITY TO MAKE DECISIONS CHANGED WHILE YOU HAVE BEEN THEIR GUARDIAN?

- NO  YES (If yes, please provide details)

### C. DO YOU BELIEVE THE PERSON STILL NEEDS A GUARDIAN?

- NO  YES (If yes, please provide details)

### D. HAS THERE BEEN ANY SIGNIFICANT DISAGREEMENT OR DIFFICULTY MAKING DECISIONS FOR THE PERSON?

- NO  YES (If yes, please provide details)

**E. WHAT IS THE PERSON'S VIEW ABOUT THE GUARDIANSHIP ORDER CONTINUING?**

### **3. FUNCTIONS**

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Please refer to the current Guardianship Order for details of the functions you have as the guardian.

**A. DO YOU HAVE AN ACCOMMODATION FUNCTION?**

**NO** (If no, proceed to **Section B**).

**YES**

**Have you made any decisions about where the person should live since the guardianship order was made?**

**NO**  **YES** (provide details)

**Are there any current decisions about the person's accommodation that still need to be made?**

**NO**  **YES** (provide details)

**B. DO YOU HAVE A MEDICAL OR DENTAL CONSENT FUNCTION?**

**NO** (If no, proceed to **Section C**).

**YES**

**Have you consented to any medical or dental treatment for the person since the guardianship order was made?  
e.g. Doctor, Psychiatrist**

**NO**  **YES** (provide details)

**Are you aware of any planned medical or dental treatment?**

**NO**  **YES** (provide details)

**Provide details of any medical professionals currently treating the person.** Please provide their name, organisation and contact details (address, phone, email).

**What medication is the person currently taking?**

**C. DO YOU HAVE A HEALTH CARE FUNCTION?**

**NO** (If no, proceed to **Section D**).

**YES**

**Have you consented to any health care services for the person since the guardianship order was made?  
e.g. physiotherapy**

**NO**  **YES** (provide details)

**Are there any current decisions about the person's health care that still need to be made?**

**NO**  **YES** (provide details)

**D. DO YOU HAVE A SERVICES FUNCTION?**

**NO** (If no, proceed to **Section E**).

**YES**

**Have you consented to any changes to community or support services since the guardianship order was made?  
e.g. meals on wheels**

**NO**  **YES** (provide details)

**What services are currently being provided to the person?**

**Provide details of any case managers for the person.** Please provide their name, organisation and contact details (address, phone, email).

**Are there any current decisions about the person's services that still need to be made?**

**NO**  **YES** (provide details)

## E. OTHER DECISION MAKING FUNCTIONS

Do you have authority to consent to behaviour management / restrictive practices?

NO  YES (attach a copy of the most recent Behaviour Management / Support Plan)

*NOTE: Contact the relevant service provider to request a copy of the Plan. Send this plan to the Guardianship Division before the hearing.*

Do you have any other decision making functions?

NO  YES (provide details)

Provide details of any other decisions made under these functions

## 4. OTHER RELEVANT INFORMATION

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Is there any other relevant information or submission you would like to make to the Tribunal?

## 5. SIGNATURE

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Thank you for taking the time to provide this information. Please sign and return the completed submission to the address below.

Name

Signature

Date

## 6. LODGEMENT

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To lodge your statement, return all pages of the form to NCAT's Guardianship Division. Check that you have completed all relevant items and signed the form.

### NCAT GUARDIANSHIP DIVISION

Postal address: PO Box K1026, Haymarket NSW 1240

Street address: Level 6 John Maddison Tower, 86-90 Goulburn Street, Sydney

Telephone: (02) 9556 7600 or 1300 006 228  
Interpreter Service (TIS) 13 14 50  
National Relay Service 1300 555 727

Email: [gd@ncat.nsw.gov.au](mailto:gd@ncat.nsw.gov.au)

Website: [www.ncat.nsw.gov.au](http://www.ncat.nsw.gov.au)