

FORM AG4

File No.

PRIMARY CARER'S REPORT

Guardianship of Adults Act

PERSON WHO IS THE SUBJECT OF THE APPLICATION FOR A GUARDIANSHIP ORDER

First Name/s:

Surname:

Is the person known by any other names? If so please specify:

Residential Address:

Current address if not the same as residential address:

Gender:

Identifies as Aboriginal or Torres Strait Islander

Yes

No

Is the person under 18 years of age?

Yes

No

Date of birth:

E-mail:

Phone:

Mobile phone:

Hospital Registration (HRN) No.:

Does the person require an interpreter?

Yes, Language?

No

Method of communication used to express wishes/needs:

Please specify if the person has any other needs or requirements which NTCAT may need to know about for the purposes of arranging a hearing.

YOUR DETAILS

First Name/s:

Surname:

Postal Address:

E-mail:

Phone:

Mobile phone:

Organisation (if any):

Your position:

PLEASE COMMENT ON THE FOLLOWING AND IF POSSIBLE PROVIDE EXAMPLES TO SUPPORT YOUR COMMENTS

Need For Guardianship:

How is the person's decision making impaired¹?

Memory -short term and long term

Concentration and attention

Consciousness and orientation in time and place

Comprehension and ability to learn and process information

¹ The meaning of 'Impaired Decision Making Capacity' is set out in s 5 of the *Guardianship of Adults Act*. Also see the Additional Information section of this form.

Ability to plan and sequence activities and solve problems

Insight into nature of disability and its consequent limitations on daily life

Ability to make decisions and exercise judgment relevant to daily living

Health And Care Needs:

Diagnosis/medical history:

Current medications/treatments:

Current health status/issues:

Any planned treatment or surgery upcoming in the next 6 months?

Sensory Impairments:

Physical Impairments:

Behaviour

Care needs and ability to perform activities of daily living - type of assistance needed (eg prompts) and why needed:

Ability to initiate self care - ie. what would happen if left without assistance:

Family And Community Involvement:

Next of kin (names and contact numbers):

Visitors

Visits to family /community:

Social/Cultural Activities/Rehabilitation/Special Interests:

Other Relevant Information:

Financial Details

Name of Financial Institution: _____

Income Source and Amount: _____

Accommodation Expenses: _____

Average Fortnightly Expenses
(Besides Accommodation): _____

Please attach a copy of the latest bank statement if available

SIGNATURE

Signature of primary carer: _____

Name:

Date:

ADDITIONAL INFORMATION

Below is a list of some frequently used words in this application.

Meaning of '*decision-making capacity*' and '*impaired decision-making capacity*' (see section 5)

- (1) An adult has ***decision-making capacity*** if the adult has the capacity to:
 - (a) understand and retain information about the adult's personal matters and financial matters; and
 - (b) weigh the information in order to make reasoned and informed decisions about those matters; and
 - (c) communicate those decisions in some way.
- (2) An adult is presumed to have decision-making capacity until the contrary is shown.
- (3) An adult has ***impaired decision-making capacity*** if the adult's decision-making capacity is impaired.