

FORM AG8

File No.

## APPLICATION FOR A CONSENT DECISION ABOUT HEALTH CARE ACTION

*Advance Personal Planning Act*

***Important – if this application is for urgent health care action, complete as much of the form as you are able and file it with NTCAT as soon as possible***

### PERSON YOU ARE APPLYING ABOUT

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

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.

## APPLICANT'S INFORMATION

First Name/s:

Surname:

Postal Address:

E-mail:

Phone:

Mobile phone:

Your relationship to the person you are applying about:

***Important: The use of electronic media for the exchange of documents and other important information in NTCAT proceedings is strongly encouraged. If you are able to provide an email address it will be used for the service of documents and notices. If you have provided a mobile phone number NTCAT may send you SMS text messages with notifications about your matter.***

## PROPOSED HEALTH CARE ACTION<sup>1</sup>

Please provide details about the health care action for which you are seeking a consent decision from the Tribunal (including details of the time and place of the proposed health care action if known):

Why does the person require the health care action?

Please attach to this application any medical, psychological or other professional report/s demonstrating the need for the proposed health care action.

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<sup>1</sup> 'Health care' and 'health care action' are defined under s3 of the *Advance Personal Planning Act*. Also see the Additional Information section of this form.

## GUARDIANSHIP ORDER

Is the person the subject of a guardianship order?  Yes  No  
Title and name:

If you have a copy of the guardianship order attach it to this application or please complete the following details in relation to the guardian (if known):

Title and name:

Organisation (if any):

Address:

Relationship or interest with respect to the person (if any):

E-mail:

Phone:

Does the guardianship order provide authority to make a consent decision about the proposed health care action?

Yes  No

If yes, provide details why the guardian/s is unable or unwilling to make the consent decision?

## ADVANCE PERSONAL PLAN OR ENDURING POWER OF ATTORNEY?

Does the person you are applying about have an advance personal plan within the meaning of the *Advance Personal Planning Act* or an enduring power of attorney?

Yes  No  Unsure<sup>2</sup>

If yes, please provide details of the advance personal plan or enduring power of attorney or copies if you have them.

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<sup>2</sup> Have you conducted a search for an advance person plan with the Office of the Public Trustee (NT) and conducted a search for a registered enduring power of attorney with the Office of the Registrar-General (NT)?

Does the advance personal plan or enduring power of attorney provide authority to make a consent decision about the proposed health care action?

Yes       No

If yes, provide details why the decision maker or attorney is unable or unwilling to make the consent decision?

## EVIDENCE OF IMPAIRED DECISION MAKING CAPACITY

NTCAT will only make a consent decision if satisfied that the person has impaired decision making capacity<sup>3</sup>.

Please provide NTCAT with evidence of the person's impaired decision making capacity. This may include (but is not limited to) a medical / psychological / other professional report(s) (see NTCAT form AG3).

Please indicate if you have:

- included a copy of a recent a medical / psychological / other professional report*
- requested a medical / psychological / other professional report. As soon as you receive it please provide the report to NTCAT*
- requested a report from a medical / psychological / other professional but they will not provide it to you. Please provide details of the professional you requested the report from:*

Title and name:

Address:

E-mail:

Phone:

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<sup>3</sup> 'Decision making capacity' and 'Impaired decision making capacity' are defined in section 6 of the *Advance Personal Planning Act*. Also see the Additional Information Section of this form.

## INTERESTED PERSONS<sup>4</sup> DETAILS

NTCAT may permit an 'interested person' for an affected adult to become a party to the application for a consent decision for proposed health care action (see the Additional Information section of this form for the meaning of 'interested person').

Are you aware of anyone:

- who is an interested person for the adult affected by this application? and
- who may wish to be a party to this application?

Yes       No

If yes, please provide the following details for each such person.

### Interested Person 1

First Name/s:

Surname:

Postal Address:

E-mail:

Phone:

Mobile phone:

Relationship or interest with respect to the person you are applying about:

Is the interested person aware of this application?  Yes       No

### Interested Person 2

First Name/s:

Surname:

Postal Address:

E-mail:

Phone:

Mobile phone:

Relationship or interest with respect to the person you are applying about:

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<sup>4</sup> 'Interested Persons' is defined in section 3 of the *Advance Personal Planning Act*. Also see the Additional Information section of this form.

Is the interested person aware of this application?  Yes  No

Interested Person 3

First Name/s:

Surname:

Postal Address:

E-mail:

Phone:

Mobile phone:

Relationship or interest with respect to the person you are applying about:

Is the interested person aware of this application?  Yes  No

**Add more interested persons as required.**

Do you know of any person who objects to the proposed health care action?  Yes  No

If yes, please provide details:

**PERSON'S ATTENDANCE AT THE HEARING**

In making a decision about this application, NTCAT will be required, as far as practicable, to take into account the person's views and wishes. NTCAT therefore strongly prefers that the person attends the hearing of the application. If you consider the person should NOT attend the hearing please state why:

**SIGNATURE**

Signature of applicant or applicant's representative:<sup>5</sup> \_\_\_\_\_

Name:

Date:

<sup>5</sup> A person signing as representative of a party warrants to NTCAT that he/she has the lawful authority to do so.

## ADDITIONAL INFORMATION

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

### **Meaning of 'health care' 'health care action' and interested person' (see section 3 of the Advance Personal Planning Act)**

**health care** means health care of any kind, including:

- (a) anything that is part of a health service, as defined in section 5 of the Health Practitioner Regulation National Law; and
- (b) the removal of tissue from a person's body in accordance with Part 2 of the *Transplantation and Anatomy Act*.

**health care action**, for an adult, means commencing, continuing, withholding or withdrawing health care for the adult.

**interested person**, for an adult, means one of the following:

- (a) a decision maker for the adult;
- (b) an adult guardian for the adult;
- (c) an AIPPA manager for the adult;
- (d) enduring attorney for the adult;
- (e) a health care provider for the adult;
- (f) the Chief Executive Officer;
- (g) the Public Guardian;
- (h) the Public Trustee;
- (i) another person who has a genuine and sufficient interest in protecting the adult's best interests.

### **Meaning of 'decision-making capacity' and 'impaired decision-making capacity' (see section 6 of the Advance Personal Planning Act)**

- (1) An adult has **decision-making capacity** for a matter if he or she has the capacity to:
  - (a) understand and retain information about the matter; and
  - (b) weigh the information in order to make a decision about the matter; and
  - (c) communicate that decision in some way.

- (2) An adult is presumed to have decision-making capacity for a matter until the contrary is shown.
- (3) An adult has ***impaired decision-making capacity*** for a matter if his or her decision-making capacity for the matter is impaired.
- (4) The cause of the impairment is immaterial.
- (5) An adult does not have impaired decision-making capacity for a matter only because he or she:
  - (a) has a disability, illness or other medical condition (whether physical or mental); or
  - (b) engages in unconventional behaviour or other form of personal expression; or
  - (c) chooses a living environment or lifestyle with which other people do not agree; or
  - (d) makes decisions with which other people do not agree; or
  - (e) does not speak English to a particular standard or at all; or
  - (f) does not have a particular level of literacy or education; or
  - (g) engages in particular cultural or religious practices; or
  - (h) does or does not express a particular religious, political or moral opinion; or
  - (i) is of a particular sexual orientation or identity or expresses particular sexual preferences;  
or
  - (j) takes or has taken, or is or has been dependent on, alcohol or drugs (but the effect of alcohol or drugs may be taken into account in determining whether the adult has impaired decision-making capacity for the matter); or
  - (k) engages or has engaged in illegal or immoral conduct.