

FORM AG4 (February 2020 revision)

CARER'S REPORT

Guardianship of Adults Act 2016

A - PERSON WHO IS THE SUBJECT OF THE APPLICATION FOR A GUARDIANSHIP ORDER ('THE ADULT')

File Number:

First Name/s:

Surname:

Date of Birth:

B - YOUR DETAILS

First Name/s:

Surname:

Postal Address:

E-mail:

Landline Phone:

Mobile Phone:

Organisation (if any):

Your position:

Your relationship (if any) with the adult:

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

C1 - NEED FOR GUARDIANSHIP:

What are your observations regarding the adult's memory - short term and long term?

What are your observations regarding the adult's concentration and attention?

What are your observations regarding the adult's consciousness and orientation in time and place?

What are your observations regarding the adult's comprehension and ability to learn and process information?

What are your observations regarding the adult's ability to plan and sequence activities and solve problems?

What are your observations regarding the adult's insight into nature of their disability and its consequent limitations on the adult's daily life?

What are your observations regarding the adult's ability to make decisions and exercise judgment relevant to daily living?

C-2 HEALTH AND CARE NEEDS:

Is the adult affected by any diagnosed medical conditions? [please provide details]

Is the adult presently taking medications or undergoing any treatment? [please provide details]

Do you have any other observations regarding the adult's current health and wellbeing?

Are you aware of any planned surgery or other medical treatment for the adult? [please provide details]

Does the adult have any sensory impairments? [please provide details]

Does the adult have any physical Impairments? [please provide details]

What are your observations regarding the adult's behaviour (temperament, interactions with others)?

What are your observations regarding the adult's care needs and ability to perform activities of daily living (including types of assistance needed (eg prompts) and why it is needed)?

What are your observations regarding the adult's ability to initiate self-care (ie. what would happen if they were left without assistance)?

C-3 FAMILY AND COMMUNITY INVOLVEMENT:

What are your observations regarding the adult's interactions with their family members? [please provide details of the nature and frequency of the interactions]

Does the adult receive visitors? [please provide details of the nature and frequency of the visits]

Does the adult visit their family or home community? [please provide details]

Are you aware of any social, cultural or other special needs of the adult? [please provide details]

SIGNATURE

Signature of carer: _____ Name of carer: _____

Date: _____

ADDITIONAL INFORMATION

Meaning of ‘*decision-making capacity*’ and ‘*impaired decision-making capacity*’ (see section 5 of the *Guardianship of Adults Act 2016*)

- (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.