

## APPLICATION REGARDING HEALTH CARE ACTION UNDER THE ADVANCE PERSONAL PLANNING ACT

*Advance Personal Planning Act*

### A- PERSON YOU ARE APPLYING ABOUT ('THE ADULT')

First Name/s:

Surname:

Is the adult 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

Date of birth:

E-mail:

Phone:

Mobile phone:

Hospital Registration (HRN) No.:

Does the adult require an interpreter?

Yes, Language?

No

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

### B - APPLICANT'S INFORMATION

First name/s:

Surname:

Your relationship to the adult:

Postal Address:

E-mail:

Phone:

Mobile phone:

***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.***

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

Please provide details about the health care action to which this application relates, including (if known) details of the time and place of the proposed health care action and who proposes to take the action:

Why does the adult require the 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*.

## D - ORDER(S) BEING SOUGHT

(NOTE: more than one option may be selected)

- Order under section 41(2) of the *Advance Personal Planning Act* that an advance consent decision by the adult about health care action be disregarded.
- Consent decision under section 44 of the *Advance Personal Planning Act*. (NOTE: for consent decisions that are urgently required in accordance with section 63 of the *Advance Personal Planning Act* **see also** section H below.)

## E - GROUNDS FOR SEEKING THE ORDER(S)

Please briefly state the facts matters and circumstances relied upon in support of orders being sought.<sup>2</sup>

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<sup>2</sup> Note that sections 40 to 44 of the *Advance Personal Planning Act* identify several matters relevant to NTCAT's power to make orders regarding health care action, *including* that the adult has impaired decision making capacity for making a consent decision about the health care action (see s. 40(b)).

## F – OTHER DECISION MAKER(S) FOR THE ADULT

F.1 Is the person the subject of a **guardianship order**?

No

Yes (*please **attach** a copy of the order if available*).

Date of order:

NTCAT (or Local Court) proceeding number:

Guardian details (attach separate sheet if more than two – contact details are unnecessary if guardian is also the applicant):

**Guardian 1:**

First Name/s:

Surname:

Postal Address:

E-mail:

Phone:

Mobile phone:

**Guardian 2:**

First Name/s:

Surname:

Postal Address:

E-mail:

Phone:

Mobile phone:

F.2 Does the adult have an **advance personal plan** within the meaning of the *Advance Personal Planning Act* or an **enduring power of attorney** within the meaning of the *Powers of Attorney Act*?<sup>3</sup>

No

Yes (please provide details below of the advance personal plan or enduring power of attorney, or attach a copy if you have one).

**G - URGENT MATTERS (SEE ALSO PART H FOR URGENT APPLICATIONS AFFECTED BY SECTION 63 OF THE ADVANCE PERSONAL PLANNING ACT)**

Is there an urgent need for the order? (Please only answer 'yes' in **genuine** circumstances of urgency.)

Yes       No

If 'yes', please set out the circumstances of urgency:

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<sup>3</sup> An advance personal plan can searched for at the Office of the Public Trustee (NT) and a registered enduring power of attorney can be searched for at the Office of the Registrar-General (NT).

## H – URGENT CONSENT DECISION – DECLARATION BY MEDICAL PRACTITIONER FOR THE PURPOSES OF SECTION 63 OF THE ADVANCE PERSONAL PLANNING ACT

Is this an application to which section 63 of the *Advance Personal Planning Act* applies?

No

Yes.

If 'yes', the applicant makes the following declaration by signing this form.

I declare that:

1. I am a medical practitioner.
2. This is an application for an order under section 44 of the *Advance Personal Planning Act* in relation to health care action proposed to be taken in relation to the adult, who is my patient.
3. I reasonably believe that a consent decision about the health care action is urgently required.
4. The reasons for my belief are set out in Part G of this form.

### SIGNATURE

Signature of applicant<sup>4</sup> or applicant's representative:<sup>5</sup> \_\_\_\_\_

Name:

Date:

<sup>4</sup> If this is an application to which section 63 of the *Advance Personal Planning Act Applies* (see Part G) the applicant must sign personally.

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