

APPLICATION UNDER THE ADVANCE PERSONAL PLANNING ACT

Advance Personal Planning Act 2013

A – PERSON YOU ARE APPLYING ABOUT ('THE ADULT')

First name/s:

Surname:

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

Gender:

Date of birth:

Identifies as (tick one):

Aboriginal but not Torres Strait Islander ☐

Torres Strait Islander but not Aboriginal ☐

Both Aboriginal & Torres Strait Islander ☐

Neither Aboriginal nor Torres Strait Islander ☐

Residential address:

Current address (if not the same as residential address):

E-mail:

Landline phone:

Mobile phone:

Hospital Registration Number - HRN (if known):

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:

Landline 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 – ORDER BEING SOUGHT:

Briefly state below the order sought (including the applicable section(s) of the *Advance Personal Planning Act 2013*)¹:

- ☐ Order under section 58 (a) whether an adult has impaired decision-making capacity for a matter
- ☐ Order under section 58 (b) whether an advance personal plan is or is not valid
- ☐ Order under section 58 (c) whether a statement in an advance personal plan about health care action is an advance consent decision or an advance care statement
- ☐ Order under section 58 (d) whether an advance consent decision or advance care statement is or is not applicable in a particular circumstance.
- ☐ Order under section 58 (e) whether or not a decision maker has authority for a matter
- ☐ Order under section 58 (f) regarding the scope of the authority of a decision maker
- ☐ Order under section 58 (g) any other matter relating to the validity, effect or meaning of an advance personal plan (including an advance consent decision, advance care statement or appointment in the plan)

¹ For example: “An order under section 61 of the *Advance Personal Planning Act 2013* revoking the advance personal plan signed by [the adult] on [date].”

- ☐ Order under section 58 (h) any other matter relating to the making of a consent decision about health care action for an adult who has impaired decision-making capacity for making the consent decision
- ☐ Other order under section 58 (please specify).
- ☐ Order under section 59 regarding decision makers authority.
- ☐ Order under section 60 regarding a former decision maker.
- ☐ Order under section 61 to amend or revoke an advance personal plan.
- ☐ Order under section 62 endorsing the cessation of a decision maker.

D – GROUNDS FOR THE APPLICATION

Briefly state below the reasons/s for seeking the order²:

² Provide a brief summary of the facts and circumstances that you may make the order(s) sought necessary.

E – DECISION MAKER(S) FOR THE ADULT (IF ANY)

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:

Does the adult have an **advance personal plan** within the meaning of the *Advance Personal Planning Act 2013* or an **enduring power of attorney** within the meaning of the *Powers of Attorney Act 1980*?³

- ☐ No
- ☐ Yes (*please provide details below of the advance personal plan or enduring power of attorney, or attach a copy if you have one*).

³ 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).

E - URGENT MATTERS

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

☐ Yes ☐ No

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

SIGNATURE

Signature of applicant or applicant's representative:⁴ _____

Name of applicant or applicant's representative: _____

Date: _____

⁴ A person signing as representative of a party warrants to NTCAT that he/she has the lawful authority to do so.