



# Guardianship application

## GUARDIANSHIP DIVISION

Complete this form to apply to NCAT to appoint a guardian under the *Guardianship Act 1987*. Guardians can make decisions about a person's health, accommodation, services or other lifestyle matters. The person the application is about must be over 16 years, usually lives in NSW, and has a decision making disability.

If decisions need to be made about financial matters, consider applying to NCAT for a financial management order. Read the [Financial management application form](#) for further details.

### IMPORTANT INFORMATION:

- The NSW Public Guardian is a statutory party to all guardianship applications.
- When lodging an application with NCAT **you must also send a copy of the application and any attachments to all parties** including the NSW Public Guardian.
- For more information read the fact sheets [Providing information to the Guardianship Division](#) and [Who is a party to proceedings in the Guardianship Division?](#)

### Case Number

*Office use only*

## 1. PERSON THIS APPLICATION IS ABOUT

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### A. PERSON'S NAME AND ADDRESS

Given names

Family name

Date of birth

Gender

Address

Contact details Daytime telephone

Mobile

Email

### B. IS THIS THE PERSON'S CURRENT LOCATION?

YES

NO (provide current location below)

Address

Contact details Daytime telephone

Mobile

Email

### C. WHAT TYPE OF ACCOMMODATION ARE THEY CURRENTLY IN?

Own home

Hospital

Care facility or supported accommodation

Home of friend or family member

No fixed place of address

Other

**D. WHAT IS THE PERSON'S VIEW ABOUT THIS APPLICATION?**

**Have you told the person you are making this application?** You should tell the person that you are making an application about them. Have you done this?

YES       NO (why not?)

**Do they agree with the application being made?**       YES       NO       DON'T KNOW

**E. WHY DO YOU THINK THE PERSON HAS A DECISION MAKING DISABILITY?**

Dementia       Advanced Age       Intellectual Disability       Neurological       Brain Injury  
 Other (provide details)

**Do you have any written evidence about the person's disability and their capacity for making decisions?**  
For example, a report from a doctor or other health care professional. Attach reports to this application.

YES       NO (why not?)

**Is the person the subject of a corresponding order made in another Australian state, territory or New Zealand?**

NO       YES (provide details)

**Has the person been the subject of a previous application or order at NCAT (or former NSW Guardianship Tribunal)?**

If yes, please provide the case number

NO       YES (provide details)

**Are you making this application because of the National Disability Insurance Scheme (NDIS)?**

YES       NO

**F. ASSISTANCE AT THE HEARING**

**Can the person attend the hearing in person?**

YES       NO (why not?)

**If the person cannot attend the hearing in person, can they participate by telephone or videoconference?**

YES       NO (why not?)

**Does the person need special assistance to participate in the hearing?** For example, hearing loop or wheelchair access.

NO       YES (provide details)

**Does the person use any form of Alternative and Augmentative Communication (AAC)?** For example, communication device, communication board or book, Key Word Sign.

NO  YES (please specify)

**Does the person identify as belonging to a specific ethnic, cultural or religious group?**

NO  YES (please specify)

**Does the person need an interpreter?**

NO  YES (which language)

## 2. APPLICANT

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**Are you making this application about yourself?**  YES  NO (provide your details below)

**Given names**

**Family name**

**Relationship to person**

**Postal address**

**Contact details**

Daytime telephone

Mobile

Email

**I agree to have NCAT notices and correspondence sent to my email address**

By ticking this box you agree to receive the notice of hearing and other correspondence by email. Provide an email address that is accurate and checked regularly.

**I have read the [Information for Applicants](#) fact sheet**

By ticking this box you agree that you understand your responsibilities as an applicant and are willing to continue in that role.

## 3. PUBLIC GUARDIAN

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**A. HAVE YOU SENT A COPY OF THIS APPLICATION TO THE PUBLIC GUARDIAN?**  NO  YES

**The NSW Public Guardian is a statutory party to all NCAT Guardianship Applications.**

You must send a copy of your completed application and any attachments to the Public Guardian at one of the following addresses.

Indicate which method you will use to send your completed application to the Public Guardian.

**NSW Public Guardian**

**Email:** [PGRegistry@opg.nsw.gov.au](mailto:PGRegistry@opg.nsw.gov.au)

**Post:** Locked Bag 5116, Parramatta NSW 2124

## 4. OTHER PARTIES

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**A. DOES THE PERSON HAVE A SPOUSE?**  NO  YES (provide details)

**Given names**

**Family name**

**Postal Address**

**Contact details**

Daytime telephone

Mobile

Email

**B. DOES THE PERSON HAVE A CARER?**

NO  YES (provide details)

Given names

Family name

Postal Address

Contact details

Daytime telephone

Mobile

Email

**C. HAS THE PERSON MADE AN ENDURING GUARDIAN APPOINTMENT?**  NO  YES (provide details below)

Given names

Family name

Postal Address

Contact details

Daytime telephone

Mobile

Email

If there is more than one enduring guardian, attach their details to this application.

**D. ACKNOWLEDGEMENT OF PARTIES**

A 'party' is someone who has certain rights in the Tribunal proceedings, such as the right to receive a copy of the application and notice of hearing. All of the above people (including the person the application is about) are parties to the proceedings.

**I understand and acknowledge that I will provide a copy of my completed application and any attachments to:**

- NSW Public Guardian**  
Email: [PGERegistry@opg.nsw.gov.au](mailto:PGERegistry@opg.nsw.gov.au)  
Post: Locked Bag 5116, Parramatta NSW 2124
- The person the application is about**
- The person's spouse** (if any)
- The person's carer** (if any)
- The person's appointed Enduring Guardian/s** (if any)

**5. OTHER PEOPLE IN THE PERSON'S LIFE**

**Are there any other people in the person's life (social workers, doctors, family or friends) that could help NCAT make its decision?** If yes, provide their full name, contact details (including phone number, address and/or email) and their relationship to the person this application is about.

You must include anyone who may disagree with the application. *Other people may not be parties but may apply to the Tribunal to be joined to this application if they have sufficient interest.*

## 6. NEED FOR A GUARDIAN

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NCAT can only appoint a guardian for a person who has a disability that affects their decision making capability if:

- There is a current need for someone else to make personal decisions for them
- Decisions cannot be made informally, and
- It is in the person's best interests for an order to be made.

### A. WHY ARE YOU ASKING FOR A GUARDIAN TO BE APPOINTED?

Explain why you think a guardian should be appointed, including any attempts made to informally resolve issues.

### B. DO YOU BELIEVE THIS MATTER IS URGENT BECAUSE THE PERSON IS AT RISK?

NO

YES (provide details below)

### C. WHO DO YOU SUGGEST FOR THE ROLE OF GUARDIAN?

The proposed guardian must be aware of this application unless you are proposing the NSW Public Guardian.

Yourself

Public Guardian

Don't know

Someone else (provide details below)

**Given names**

**Family name**

**Relationship to person**

**Postal address**

**Contact details**

Daytime telephone

Mobile

Email

## 7. APPLICATION CHECKLIST

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- I have attached all other documents relevant to this application**  
Include medical evidence or reports and written statements only if they are relevant to the issues NCAT needs to decide. Attach a copy of the Enduring Guardian Appointment if applicable.
- I have sent a copy of this application and attachments to NCAT**  
To lodge your application, send your application and all supporting documents to NCAT's Guardianship Division. Check that you have completed all relevant items and signed the application form. For urgent applications, email your application form and supporting documents to [gd@ncat.nsw.gov.au](mailto:gd@ncat.nsw.gov.au) and call the Registry on 1300 006 228.
- NCAT Guardianship Division**  
Email: [gd@ncat.nsw.gov.au](mailto:gd@ncat.nsw.gov.au)  
Post: PO Box K1026, Haymarket NSW 1240  
In person: Level 6 John Maddison Tower, 86-90 Goulburn Street, Sydney
- I have sent a copy of this application and attachments to the NSW Public Guardian**  
The Public Guardian is a statutory party to all NCAT Guardianship Applications. You must send copies of all documents, including this application and any attachments, to the Public Guardian.
- NSW Public Guardian**  
Email: [PGERegistry@opg.nsw.gov.au](mailto:PGERegistry@opg.nsw.gov.au)  
Post: Locked Bag 5116, Parramatta NSW 2124
- I have sent a copy of this application and attachments to all other parties**  
You must send copies of all documents, including this application and any attachments, to all other parties to the application including the person who the application is about. For more information read the fact sheets [Providing information to the Guardianship Division](#) and [Who is a party to proceedings in the Guardianship Division?](#)
- I have made a copy of this application for my own records**  
Before lodging your application with NCAT you must make a copy of your application for your own records.

## 8. DECLARATION AND SIGNATURE

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- Declaration** Having read through this completed application:
- I consider that, to the best of my knowledge, all of the information is true and accurate.
- I have not intentionally left out important information or the names of people who are likely to have a legitimate interest in the application.
- I understand that it is an offence to make a false or misleading statement in an application.

**Name**

**Signature**

**Date**

### NCAT GUARDIANSHIP DIVISION

**Email:** [gd@ncat.nsw.gov.au](mailto:gd@ncat.nsw.gov.au)

**Postal address:** PO Box K1026, Haymarket NSW 1240

**Street address:** Level 6 John Maddison Tower, 86-90 Goulburn Street, Sydney

**Telephone:** (02) 9556 7600 or 1300 006 228  
Interpreter Service (TIS) 13 14 50  
National Relay Service 1300 555 727

**Website:** [www.ncat.nsw.gov.au](http://www.ncat.nsw.gov.au)

# GUIDE TO COMPLETING THE APPLICATION FORM

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Use the following information to help you complete the NCAT Guardianship Division 'Guardianship application' form. Section headings and numbers match the questions on the form.

## 1. PERSON THE APPLICATION IS ABOUT

### A. PERSON'S NAME AND ADDRESS

Provide the person's full name and usual address.

### B. PERSON'S CURRENT LOCATION

This is the address of the place where the person is staying if they are not at their usual address.

### C. WHAT TYPE OF ACCOMMODATION ARE THEY CURRENTLY IN?

Tick the box that best describes where the person is currently living.

### D. WHAT IS THE PERSON'S VIEW ABOUT THIS APPLICATION?

You must tell the person you are making an application about them and ask whether they agree to it. NCAT may make an order even when the person does not agree, but must take their views into account.

### E. WHY DO YOU THINK THE PERSON HAS A DECISION MAKING DISABILITY?

The person must have a disability that affects their decision making. There must also be a current need for someone else to make decisions about the person's health, accommodation or services. This may or may not be due to a medical condition. Attach any evidence you have about the person's condition or their ability to make decisions.

### F. ASSISTANCE AT THE HEARING

NCAT prefers the person to attend the hearing in person, if possible. The hearing will be set up as a virtual hearing for any party unable to attend in person due to ill health or travel issues. Virtual hearing details will be sent to you.

## 2. APPLICANT

The applicant is the person who is lodging the application. Provide your details here unless you are the person the application is about.

### I agree to have NCAT notices and correspondence sent to my email address

By ticking this box you agree to receive all correspondence by email.

### I have read the [Information for Applicants fact sheet](#)

You must have read and understood the responsibilities of an applicant before you continue. If at any stage you are unwilling or unable to continue in the role, you should find someone else to take over and inform NCAT.

## 3. PUBLIC GUARDIAN

### A. HAVE YOU SENT A COPY OF THIS APPLICATION TO THE PUBLIC GUARDIAN?

The Public Guardian is a statutory party to all reviews of guardianship orders. You must send a copy of your application and any attachments to the Public Guardian. The Public Guardian is a separate organisation from NCAT.

## 4. OTHER PARTIES

### A. DOES THE PERSON HAVE A SPOUSE?

A **spouse** is the husband, wife or de facto partner (including same sex) of the person the application is about. The spouse must have a close and continuing relationship with the person.

### B. DOES THE PERSON HAVE A CARER?

A **carer** is an unpaid person who regularly provides or arranges domestic support for the person, including before the person entered residential care. The carer is still considered unpaid if they receive a carer's pension.

### C. HAS THE PERSON APPOINTED AN ENDURING GUARDIAN?

An **enduring guardian** is someone appointed by the person to make lifestyle, health and medical decisions when they are not capable of doing this themselves. If applicable, please attach a copy of the person's signed Appointment of Enduring Guardian Form.

### D. ACKNOWLEDGEMENT OF PARTIES

All material sent to NCAT must also be sent to the Public Guardian and other parties, including the person that the application is about, unless NCAT makes an order to restrict disclosure about the proceedings (section 64 *Civil and Administrative Tribunal Act 2013*). You must provide good reasons if you want orders to restrict disclosure.

## 5. OTHER PEOPLE IN THE PERSON'S LIFE

NCAT can join a person to the application if satisfied that they have a genuine concern for the welfare of the person that the application is about or a proper interest in the proceedings.

If the person has close friends or relatives that have frequent contact with the person, and an interest in their welfare, they should be listed. Professionals such as social workers or doctors should also be listed.

## 6. NEED FOR A GUARDIAN

### A. WHY ARE YOU ASKING FOR A GUARDIAN TO BE APPOINTED?

Most adults with disabilities are supported with decision making by family, friends or service providers. These informal arrangements often meet the person's needs.

NCAT must be satisfied that:

- the person has a decision making disability
- the disability makes the person partially or wholly incapable of managing themselves, and
- there is a need for a guardian to be appointed.

If informal arrangements or an enduring guardianship appointment is working well, NCAT may not make an order.

A guardian cannot make decisions about the person's financial affairs. If financial decisions are needed, you should apply for a financial management order.

## B. DO YOU BELIEVE THIS MATTER IS URGENT BECAUSE THE PERSON IS AT RISK?

You should tell NCAT about any possible risk to the person. For example, the person:

- is at risk of serious harm because of abuse, neglect, or exploitation
- is about to lose essential services or accommodation
- is refusing urgent and necessary medical care or hospital treatment
- has left or been taken from care or hospital against medical advice.

## C. WHO DO YOU SUGGEST FOR THE ROLE OF GUARDIAN?

You can suggest a guardian, however NCAT is not bound to appoint that person. You should talk to the person before nominating them. They must be over 18 years and suitable for the role because of their own experience.

If no one is suitable or willing to take on the role, NCAT will appoint the **Public Guardian**. The Public Guardian is only appointed as the 'guardian of last resort'. For more information visit the [Public Guardian website](#).

## EVIDENCE AND SUPPORTING MATERIALS

At the hearing you will need to provide evidence to support the application. For a guardianship order, NCAT generally needs a professional opinion about the person's disability and capacity to make personal and lifestyle decisions.

Your evidence may include reports from:

- A doctor or other health or disability professional
- A lawyer or accountant involved in the person's financial affairs
- The provider of accommodation or services
- A counsellor or financial counsellor
- A social worker.

The evidence can be in the form of a report, statement, statutory declaration or affidavit. At the hearing NCAT can consider evidence that is in writing or given orally.

If the person has signed an Appointment of an Enduring Guardian, a copy of it should be attached to the application.

All documents sent to NCAT must also be sent to the other parties. Do not provide information that you do not want disclosed to other parties.

## 7. APPLICATION CHECKLIST

### I have attached all other documents relevant to this application

Include all relevant information with your application. Do not include any information you do not want disclosed to other parties. The application and supporting material must be sent to all parties unless the Tribunal orders otherwise.

For more information read the fact sheets [Providing information to the Guardianship Division](#) and [Who is a party to proceedings in the Guardianship Division?](#)

### I have sent a copy of this application and attachments to the NSW Public Guardian

The Public Guardian is a statutory party to all guardianship applications. You must send copies of all documents, including this application and any attachments, to the Public Guardian.

### I have sent a copy of this application and attachments to all other parties

You must send copies of all documents, including this application and any attachments, to all other parties to the application including the person the application is about. Read the fact sheet [Who is a party to proceedings in the Guardianship Division?](#)

### I have made a copy of this application for my own records

Before lodging your application with NCAT you must make a copy of your application for your own records.

## 8. DECLARATION AND SIGNATURE

You must verify that all information provided to NCAT is true and correct. You must print your name, sign and date the application form. If the form is submitted without a signature, it may cause unnecessary delays.

## HOW CAN NCAT HELP ME?

If you have any questions about completing this form please contact NCAT's Guardianship Division on:

**Email:** [gd@ncat.nsw.gov.au](mailto:gd@ncat.nsw.gov.au)  
**Telephone:** (02) 9556 7600 or 1300 006 228  
**Website:** [www.ncat.nsw.gov.au](http://www.ncat.nsw.gov.au)

## WHERE CAN I LODGE MY APPLICATION FORM?

To lodge your application, return all pages of the form to NCAT's Guardianship Division. Check that you have completed all relevant items and signed the form.

Give NCAT the completed form and any attachments by:

**EMAIL:** [gd@ncat.nsw.gov.au](mailto:gd@ncat.nsw.gov.au)  
**POST:** Guardianship Division  
NSW Civil and Administrative Tribunal  
PO Box K1026  
Haymarket NSW 1240  
**IN PERSON:** NCAT Guardianship Division  
Level 6 John Maddison Tower  
86-90 Goulburn Street, Sydney

Office hours: 9am-5pm Monday to Friday (closed public holidays)

For urgent applications, email your application and supporting documents to [gd@ncat.nsw.gov.au](mailto:gd@ncat.nsw.gov.au) and call the Registry on 1300 006 228.