



Application for Recognition of interstate appointment

GUARDIANSHIP DIVISION

1. Type of appointment to be recognised

Are you applying to have the Tribunal recognise your appointment as:

- ☐ Guardian of another person?
☐ Manager or administrator of another person's estate?

2. Your details ('The Applicant')

title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other, specify

given name

family name

current address

street

suburb/town, state, postcode

phone

mobile phone

fax

email

What is your relationship with the person whose affairs you manage or for whom you are guardian?

Eg. are you the person's parent, sister, son, doctor, social worker, community worker etc?

Relationship

3. The person

It is an offence to make a false or misleading statement in an application

title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other, specify

given name

family name

date of birth

current address

street

suburb/town, state, postcode

phone

mobile phone

fax

email

What disabilities or other health-related factors affect the person's decision-making capacity?

- ☐ dementia
☐ intellectual disability
☐ brain injury
☐ other, provide details:

- ☐ mental illness
☐ advanced age
☐ neurological

How severe or advanced is this disability?

Approximately how long has this person had the disability?

Where was the order appointing you as a guardian and/or manager made?

- ☐ Victoria ☐ Western Australia ☐ South Australia ☐ Tasmania
☐ Northern Territory ☐ Australian Capital Territory ☐ Queensland
☐ New Zealand

What body made the order (eg. Victorian Civil and Administrative Tribunal)

Please attach a copy of the order that appointed you as a guardian or manager (include a copy of the reasons for decision for the order, if available)

Is the person the order is about:

- ☐ Living in NSW permanently ☐ Visiting NSW Temporarily
☐ Not living in NSW

Why do you need to have your appointment recognised in NSW?

Does the person the order is about have assets in NSW which need to be managed or sold?

☐ No ☐ Yes (please provide details)

4. Applicant's declaration

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 this application.
- ☐ I understand that it is an offence to make a false or misleading statement in an application.

Signature of applicant

Date

Signature of witness

Date

To lodge your application

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 application form. For urgent applications, email your application and supporting documents to gd@ncat.nsw.gov.au and call the Registry on 1300 006 228.

NCAT Guardianship Division

Email: 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 for TTY Users 13 36 77

Website: www.ncat.nsw.gov.au