



Application for Consent to medical or dental treatment

GUARDIANSHIP DIVISION

Before completing this application form, please refer to the fact sheet 'Consent to medical or dental treatment' to help you decide if consent is required and who can consent.

For more information contact NCAT's Guardianship Division on (02) 9556 7600 or 1300 006 228.

1. The applicant

Who is making this application for consent?

- the treating doctor, provide details below
- the person's usual doctor, provide details below
- another person, provide details below

title Dr Mr Mrs Ms Other, specify

given name _____

family name _____

relationship to the person _____

qualifications or specialty _____

street _____

suburb/town, state, postcode _____

daytime phone _____

after hours phone _____

mobile phone _____

fax _____

pager _____

email _____

2. The person

Who is this application about?

title Mr Mrs Miss Ms Other, specify

given name _____

family name _____

other names by which
this person is known _____

date of birth _____

gender male female _____

What is the person’s usual permanent address?

- Where does the person usually live? at home, provide details below
 at the home of a family member or friend, provide details below
 at a care facility, provide details below
 no fixed address

name of family member, friend or care facility _____
street _____
suburb/town, state, postcode _____
phone _____
mobile phone _____
fax _____
email _____

What is the person’s current location? (if different from above)

name of family member, friend or care facility _____
street _____
suburb/town, state, postcode _____
name of contact (if applicable) _____
phone _____
mobile phone _____
fax _____
email _____

Details about the person

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

- dementia mental illness
 intellectual disability advanced age
 brain injury neurological
 other, provide details:

Does the person regard themselves as belonging to any specific ethnic, cultural or religious group?

- No Yes, please provide details

Does the person speak a language other than English at home?

- No Yes, what other language?

Have you told the person that you are making this application?

- Yes, and he or she: Supports or Opposes the application
 No

Does the person have a guardian or enduring guardian?

If yes, please attach a copy of the guardianship order or enduring guardianship appointment.

No Yes

title: _____

given names: _____

family name: _____

street / PO Box: _____

suburb/town, state, postcode: _____

daytime phone: _____

mobile phone: _____

fax: _____

email: _____

Does the person have a spouse?

Spouse means a husband, wife or de facto partner and includes same sex relationships.

The relationship must be close and continuing.

No Yes

title: _____

given names: _____

family name: _____

street / PO Box: _____

suburb/town, state, postcode: _____

daytime phone: _____

mobile phone: _____

fax: _____

email: _____

Does the person have a carer?

A carer is someone who provides domestic services and support to the person, or arranges services and support for the person.

A carer does not include professional carers who receive remuneration for their services. However, a carer's pension does not exclude someone from being a carer.

If the person resides at a facility (such as a nursing home or group home), the carer is the last person to have cared for the person before they became a resident at the facility.

No Yes

title: _____

given names: _____

family name: _____

street / PO Box: _____

suburb/town, state, postcode: _____

daytime phone: _____

mobile phone: _____

fax: _____

email: _____

Is there any other person who may qualify as a 'person responsible'?

Other people who may qualify as a person responsible include a friend or relative who has a close and continuing relationship with the person and who isn't the person's spouse or carer.

Person responsible is defined in s33A(4) of the *Guardianship Act 1987* (NSW).

For more information refer to *Information for Applicants: Who is the 'person responsible'?*

No Yes

title: _____

given names: _____

family name: _____

street / PO Box: _____

suburb/town, state, postcode: _____

daytime phone: _____

mobile phone: _____

fax: _____

email: _____

3. The need for substitute consent

Refer to the attached *Information for Applicants: Who can give substitute consent for medical or dental treatment* to find out when you need substitute consent and who can give the consent.

Provide additional comments where appropriate.

Has the proposed treatment been discussed with the person?

No Yes

Is the person capable of understanding the nature and effect of the treatment?

No, give reasons Yes

Is the person capable of indicating their consent?

No, give reasons Yes

Has the person expressed any views about the proposed treatment in the past?

No Yes, provide details

Why is consent being sought from NCAT?

- The treatment is *special* medical treatment
 - The treatment is *major* and there is no *guardian* or *person responsible* for the person
 - The treatment is *major* and the *person responsible* cannot be located or has refused to give consent
 - The person objects to the treatment
 - There is a dispute about the treatment
 - Other, provide details
-

4. The proposed treatment

Please provide additional comments where appropriate.

What is the condition requiring treatment?

What is the proposed treatment?

Does the treatment involve the withdrawal or limitation of life sustaining treatment?

No Yes, provide details

Is the treatment intended to manage the person's behaviour?

No Yes, provide details

Are the person's religious beliefs in conflict with the proposed treatment?

No Yes, provide details

What is the proposed treatment date?

If treatment has already started, when did it commence?

Is the treatment ongoing?

No Yes, provide details. Indicate period of time for which consent is required.

Where will the treatment be carried out?

Will the treatment involve a general anaesthetic or other sedation?

No Yes, provide details.

Does the treatment involve any significant risks or side effects?

No Yes, provide details.

If extraction of teeth is proposed, will it significantly impair the person's ability to chew for an indefinite or prolonged period of time?

No Yes, provide details.

How will the proposed treatment benefit the person?

Are there alternative treatments for the person's condition?

No Yes, indicate why the proposed treatment is preferred

What are the likely consequences if the proposed treatment is not carried out?

Is the person receiving any other treatment or medication?

No Yes, provide details. Include dosage, if applicable

Are you aware of anyone who disputes that the treatment is required?

No Yes, provide details

the person themselves

health professional, provide name

other person(s), provide name

5. Other people involved

You must include details of the person's guardian, the person's spouse and the person's carer in section 2 of this form.

Who is the doctor or dentist providing the treatment?

title _____
given name _____
family name _____
qualifications or specialty _____
street _____
suburb/town, state, postcode _____
daytime phone _____ after hours phone _____
mobile phone _____
fax _____ pager _____
email _____

Does this person regularly treat the person? Yes No

Who is the person's usual doctor? (if not the same as above)

Don't know To my knowledge, there is none

title _____
given name _____
family name _____
qualifications or specialty _____
street _____
suburb/town, state, postcode _____
daytime phone _____ after hours phone _____
mobile phone _____
fax _____ pager _____
email _____

6. Supporting material

Please attach any supporting documents to the application.

NCAT relies on information provided in this form and relevant professional documentation to make its decision. Please list below any documents (e.g. medical opinions, test results, referral letters, assessments, x-rays, specialist reports) that you have attached.

title of document	_____
document date	_____
author and organisation	_____
relationship of author to person	_____
title of document	_____
document date	_____
author and organisation	_____
relationship of author to person	_____
title of document	_____
document date	_____
author and organisation	_____
relationship of author to person	_____
title of document	_____
document date	_____
author and organisation	_____
relationship of author to person	_____

7. The hearing

Is the person able to express views to the Tribunal?

How can we contact the person during the hearing?

How can the Tribunal contact the following people during the hearing?

	best number to contact	best time to contact
the treating doctor	_____	_____
the person's usual doctor	_____	_____
the applicant	_____	_____
the <i>person responsible</i>	_____	_____

other, provide details below

name

relationship

8. Applicant's 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.

Signature of applicant

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.

NCAT Guardianship Division

Postal address: PO Box K1026, Haymarket NSW 1240
DX 11539 Sydney Downtown

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

Email: gd@ncat.nsw.gov.au

Website: www.ncat.nsw.gov.au