# **Application for Dispute Resolution**

### Guardianship and Administration Act 1995

# **What is this Form for?**

## **Use this form to apply for dispute resolution**

If the person has made an Advance Care Directive (ACD) and there is a disagreement about the making or revoking of the ACD or a health decision that has to be made for that person, the Public Guardian can help in providing preliminary assistance in providing advice on rights and obligations under the Guardianship and Administration Act or helping to resolve disputes.

**Who can apply?**

* the person who gave the Advance Care Directive.
* an authorised decision- maker or person responsible for the person who gave the Advance Care Directive.
* a health practitioner or health service giving, or proposing to give, health care to the person.
* a party to a mediation held in respect of an advance care directive
* any other person who the Public Guardian assesses as having a proper interest in the life of the person and the dispute.

# **Need advice or assistance in lodging the application?**

If you require assistance a verbal application can be made over the phone or in person at the Office of the Public Guardian:

**Phone:** 1800 (in Tasmania) or (03) 6165 3444

## **Return to Office of the Public Guardian:**

**By Post** GPO Box 825, Hobart, TAS, 7001

**By e-mail** [OPG@publicguardian.tas.gov.au](mailto:OPG@publicguardian.tas.gov.au)

**By Fax** (03) 6173 0268

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| **Section 1** | | | | | | | | | | | | | | | | | | | |
| **Details of the Person who has given the Advance Care Directive** | | | | | | | | | | | | | | | | | | | |
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| Preferred Title | | Mr/Mrs/Miss/Ms/Dr/Other | | | | | | | | | | | | | | | | | |
| First Name | |  | | | | | | | | | | | | | | | | | |
| Surname | |  | | | | | | | | | | | | | | | | | |
| Current address | |  | | | | | | | | State | | | | | | | Postcode | | |
| Telephone (daytime) | |  | | | | | Telephone (mobile) | | | | | | | | | | | | |
| Home Address (if different) | |  | | | | | | | | | | | | | | | | | |
| E-mail | |  | | | | | | | | | | | | | | | | | |
| Date of Birth | | \_\_\_/\_\_\_/\_\_\_ | | | | | | | | | | | | | | | | | |
| Gender | | 󠆮 Male | 󠆮 Female | | | 󠆮 Non- binary | | | 󠆮 Indeterminate | | | | | | | 󠆮 Other | | | |
|  | | 󠆭 Prefer not to answer | | | | | | | | | | | | | | | | | |
| Country of Birth | |  | | | | | | | | | | | | | | | | | |
| Interpreter needed? | | No󠆮 󠆭󠆭 | | Yes 󠆮 | | | Language: | | | | | | | | | | | | |
| Does the Person Identify as Aboriginal or Torres Strait Islander? | | | | | | | | | | | | No󠆮 󠆭󠆭 | Yes󠆮 󠆭󠆭 | | | | |  | |
| Are there cultural aspects to consider? | | | | | Yes 󠆭󠆭 | | | No 󠆭󠆭 | | | | | | | | | | | |
| If yes *please specify* |  | | | | | | | | | | | | | | | | | | |
| If the ACD has been registered, please provide registration number | | | | | | | | | | |  | | | |  | | | |  |
| Does the person currently have decision making capacity? | | | | | | | | | | | Yes 󠆮 | | | No 󠆮 | | | | |  |
| Have you informed the person about this application? | | | | | | | | | | | Yes 󠆮 | | | | No 󠆮 | | | |  |

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| **Section 2** | | | | | | | | | | | | | | | | | | | | | |
| **Applicant Details** | | | | | | | | | | | | | | | | | | | | | |
| **Applicant 1** | | | | | | | | | | | | | | | | | | | | | |
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| Preferred Title | | | Mr/Mrs/Miss/Ms/Dr/Other | | | | | | | | | | | | | | | | | | |
| First Name | | |  | | | | | | | | | | | | | | | | | | |
| Surname | | |  | | | | | | | | | | | | | | | | | | |
| Current Address | | |  | | | | | | | | | | | State | | | | | Postcode | | |
| Home Address (if different) | | |  | | | | | | | | |  | | | State | | | Postcode | | | |
| E-mail | | |  | | | | | | | | | | | | | | | | | | |
| Telephone (daytime) | | |  | | | | | | | | Telephone (Mobile) | | | | | | | | | | |
| Who referred you to OPG | | | | | |  | | | | | | | | | | | | | | | |
| Relationship to the person | | | | | |  | | | | | | | | | | | | | | | |
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| **Applicant 2**- *(if required)* | | | | | | | | | | | | | | | | | | | | | |
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| Preferred Title | | | | Mr/Mrs/Miss/Ms/Dr/Other | | | | | | | | | | | | | | | | | | |
| First Name | | | |  | | | | | | | | | | | | | | | | | |
| Surname | | | |  | | | | | | | | | | | | | | | | | |
| Mailing Address | | | |  | | | | | | | | | | | | | State | | | Postcode | |
| Home Address (if different) | | | |  | | | | | | | | |  | | | State | | | | | Postcode |
| E-mail | | | |  | | | | | | | | | | | | | | | | | |
| Telephone (business) | | | |  | | | | | | Telephone (Mobile) | | | | | | | | | | | |
| Who referred you to OPG | | | | |  | | | | | | | | | | | | | | | | |
| Relationship to the person | | | | |  | | | | | | | | | | | | | | | | |

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| **Section 3**  **Other People you consider should be included in Dispute Resolution** | | | | | | |
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| Preferred Title | Mr/Mrs/Miss/Ms/Dr/Other | | | | | |
| First Name |  | | | | | |
| Surname |  | | | | | |
| Mailing Address |  | | | | State | Postcode |
| E-mail |  | | | | | |
| Telephone (daytime) |  | | | Telephone (mobile) | | |
| Who referred you to OPG? | |  | | | | |
| Relationship to the person | |  | | | | |
| Have they been informed of the application? | | | Yes 󠆮 No 󠆮 | | | |

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| Preferred Title | Mr/Mrs/Miss/Ms/Dr/Other | | | | | |
| First Name |  | | | | | |
| Surname |  | | | | | |
| Mailing Address |  | | | | State | Postcode |
| E-mail |  | | | | | |
| Telephone (daytime) |  | | | Telephone (mobile) | | |
| Who referred you to OPG | |  | | | | |
| Relationship to the person | |  | | | | |
| Have they been informed of the application? | | | Yes 󠆮 No 󠆮 | | | |

# **Section 3** continued

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| Preferred Title | Mr/Mrs/Miss/Ms/Dr/Other | | | | | |
| First Name |  | | | | | |
| Surname |  | | | | | |
| Mailing Address |  | | | | State | Postcode |
| E-mail |  | | | | | |
| Telephone (daytime) |  | | | Telephone (mobile) | | |
| Who referred you to OPG? | |  | | | | |
| Relationship to the person | |  | | | | |
| Have they been informed of the application? | | | Yes 󠆮 No 󠆮 | | | |

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| Preferred Title | Mr/Mrs/Miss/Ms/Dr/Other | | | | | |
| First Name |  | | | | | |
| Surname |  | | | | | |
| Mailing Address |  | | | | State | Postcode |
| E-mail |  | | | | | |
| Telephone (daytime) |  | | | Telephone (mobile) | | |
| Who referred you to OPG? | |  | | | | |
| Relationship to the person | |  | | | | |
| Have they been informed of the application? | | | Yes 󠆮 No 󠆮 | | | |

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| **Section 3** continued  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Preferred Title | Mr/Mrs/Miss/Ms/Dr/Other | | | | | | | First Name |  | | | | | | | Surname |  | | | | | | | Mailing Address |  | | | | State | Postcode | | E-mail |  | | | | | | | Telephone (daytime) |  | | | Telephone (mobile) | | | | Who referred you to OPG? | |  | | | | | | Relationship to the person | |  | | | | | | Have they been informed of the application? | | | Yes 󠆮 No 󠆮 | | | |  |  | | --- | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | | | | | | | Preferred Title | Mr/Mrs/Miss/Ms/Dr/Other | | | | | | | First Name |  | | | | | | | Surname |  | | | | | | | Mailing Address |  | | | | State | Postcode | | E-mail |  | | | | | | | Telephone (daytime) |  | | | Telephone (mobile) | | | | Who referred you to OPG | |  | | | | | | Relationship to the person | |  | | | | | | Have they been informed of the application? | | | Yes 󠆮 No 󠆮 | | | |   **Section 4** |
| **Do you think the person who made the Advance Care Directive is able to take part in the dispute resolution process/mediation?** |
| Yes 󠆮 No 󠆮 |
| **If No, please specify** |
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| **Are there any safety concerns for any of the parties attending mediation?** |
| Yes 󠆮 No 󠆮  **If Yes, please specify what type**  󠆮 Physical Safety  󠆮 Verbal Abuse  󠆮 Threats  󠆮 Other |
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| **Section 4 continued** |
| **Are there any legal orders in place preventing attendees from having contact** |
| Yes 󠆮 No 󠆮 |
| **Details of issues that are in dispute:** |
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## **Details of issues that are in dispute continued**

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