Welfare Guardian Referral Form

**Email to:** cwcwgt@gmail.com

**Attention**: Trust Coordinator

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Information about the person who requires a guardian*** | | | | |
| Subject Person’s Name | | Test Subject Person | | |
| Subject Person’s Birth date | ***00/00/00*** | | | |
| Where is the person currently? | ***Somewhere*** | | | |
| If at home, usual residential address | ***123 Home Place Anywhere*** | | | |
| Post Code | ***123*** | | Home Phone | ***021 123 456*** |
| If in residential care, name of facility | ***Care Place*** | | Contact Name | ***namo*** |
| Care Facility Address | ***123 road*** | | Phone | ***03 456 7890*** |
| First Language | Click or tap here to enter text. | | Religion | Click or tap here to enter text. |
| Ethic community contact / priest or minister (if any) | Click or tap here to enter text. | | Phone | Click or tap here to enter text. |
| Urgency of Request | Click or tap here to enter text. | | | |
| Person’s likes and dislikes, interests, etc. | we can  put lots of text in here | | | |
| ***Please attach report / background information as available***  ***Information about the person’s relatives and friends*** | | | | |
| Closest family member | Click or tap here to enter text. | | Relationship | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | | Phone | Click or tap here to enter text. |
|  |  | | Email | Click or tap here to enter text. |
| Closest friend / Visitor | Click or tap here to enter text. | | Relationship | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | | Phone | Click or tap here to enter text. |
|  |  | | Email | Click or tap here to enter text. |
| Other family | Click or tap here to enter text. | | Relationship | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | | Phone | Click or tap here to enter text. |
|  |  | | Email | Click or tap here to enter text. |
| Other family | Click or tap here to enter text. | | Relationship | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | | Phone | Click or tap here to enter text. |
|  |  | | Email | Click or tap here to enter text. |
| ***Any other significant people or pets, or place in the Subject Person’s life*** | | | | |
| Add further information here | Click or tap here to enter text. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Information about the person making the referral and your organisation.***  ***Please note that it is the Referrers responsibility to draft all the paperwork. The assigned Welfare Guardian will receive the completed referral and make the application to the Family Court.*** | | | |
| Full Name | Click or tap here to enter text. | Title | Click or tap here to enter text. |
| Agency | Click or tap here to enter text. | Phone | Click or tap here to enter text. |
|  |  | Email | Click or tap here to enter text. |
| Has a Professional Assessment of the subject person’s capacity been undertaken? | | Select from dropdown. | |
| If yes, assessment undertaken by (name) | Click or tap here to enter text. | Title | Click or tap here to enter text. |
| Agency | Click or tap here to enter text. | Phone | Click or tap here to enter text. |
| Mobile | Click or tap here to enter text. | Email | Click or tap here to enter text. |
| If no, when is the assessment scheduled? | Click or tap here to enter text. | | |
| Has a Person Order for placement been filed with Family Court? | | Select from dropdown. | |
| Have other applications been filed with Family Court? | | Select from dropdown. | |
| If yes, please list the applications | Click or tap here to enter text. | | |
| What avenues for welfare guardians have been investigated? | Click or tap here to enter text. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Information about current supports and details of professionals involved*** | | | |
| Full Name of Doctor / Senior Medical Practitioner | Click or tap here to enter text. | Title | Select from dropdown. |
| Agency | Click or tap here to enter text. | Phone | Click or tap here to enter text. |
|  |  | Email | Click or tap here to enter text. |
| Full Name of Principal Caregiver/Residential Care Manager | Click or tap here to enter text. | Title | Select from dropdown. |
| Name of Care Facility | Click or tap here to enter text. | Phone | Click or tap here to enter text. |
|  |  | Email | Click or tap here to enter text. |
| *Continuity of professional support — if the subject person is to be discharged from a hospital / facility / or a change is proposed — the Welfare Guardian requires a handover to alternate professionals or care givers. The person making this application is required to facilitate this process to ensure adequate supports are in place. Please advise if the current support detailed above is likely to change.* | | | |
| Please explain why a Welfare Guardian is sought | Click or tap here to enter text. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Acknowledgement*** | | | |
| l/We acknowledge that, once the Court has appointed a Welfare Guardian under the Protection Of  Personal and Property Rights Act 1988, neither the Welfare Guardian nor the Canterbury- West  Coast Welfare Guardians Charitable Trust shall be liable in any way for any act or omission of the Welfare Guardian in his or her exercise of the powers conferred upon the Welfare Guardian by that Act. | | | |
| Signed (or paste digital signature) |  | Date | Click or tap to enter a date. |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Trust Coordinator Only*** | | | |
| Received Date | Click or tap to enter a date. | Referral Accepted | Select from dropdown. |
| Date Agency Informed of Outcome | Click or tap to enter a date. | Forwarded to the Board | Select from dropdown. |
| Proposed Welfare Guardian | Click or tap here to enter text. | | |