

File Number

ACT CIVIL AND ADMINISTRATIVE TRIBUNAL



APPLICATION FOR ORDER FOR
CONSENT TO A PRESCRIBED
MEDICAL PROCEDURE

**Guardianship and Management of Property Act 1991*

I wish to apply for an Order by the ACT Civil and Administrative Tribunal for Consent to a Prescribed Medical Procedure

DETAILS OF PROTECTED PERSON

Miss

Mrs/Ms

Mr

Other

_____ (Given Names)

_____ (Surname)

Current Address

_____ Postcode _____

Telephone (H) _____ (W) _____

EMAIL _____

Date of Birth ____/____/____

What disability/condition does the person have?

Is there a current order appointing a guardian for the person? If so, please provide details (if available):

Order No. _____ Date of Order ____/____/____

Name, address and telephone details of Guardian:-

Name

Address of Guardian and/or Manager

cont. over page

Telephone _____

EMAIL _____

WHAT IS THE PRESCRIBED MEDICAL PROCEDURE THAT YOU BELIEVE IS NECESSARY FOR THE PERSON FOR WHOM THE ORDER IS SOUGHT?

- Abortion** **Reproductive Sterilisation**
- Contraception** **Hysterectomy**
- Removal of non-regenerative tissue for transplantation**
- Other Prescribed medical or surgical procedure**

DO YOU WISH TO MAKE ANY COMMENTS IN SUPPORT OF YOUR APPLICATION?

DETAILS OF PROTECTED PERSON'S MEDICAL PRACTITIONER

Name of Doctor/Psychologist/Other Professional involved with the person:

Address: _____

Telephone: _____

EMAIL _____

DETAILS OF APPLICANT

Miss
Mrs/Ms
Mr
Other

(Given Names)

(Surname)

Current Address

_____ Postcode _____

Telephone (H) _____ (W) _____

EMAIL _____

Date of Birth ____/____/____

Relationship to Protected Person _____

Signature _____ Date ____/____/____