<sup>mber</sup> A	CT CIVIL AND ADM	IINISTRATIVE TR	IBUNAL		
APPLICATION FOR ORDER FOR CONSENT TO A PRESCRIBED MEDICAL PROCEDURE					
*(	Guardianship and Manag	gement of Property Ad	ct 1991		
	o apply for an Or Il for Consent to a	•			
	S OF PROTECTE	D PERSON			
Miss Mrs/Ms Mr Other					
	(Given Names)		(Surnan	ne)	
Current A	ddress				
			Postco	ode	
Telephone	e (H)	(W)	)		
EMAIL					
Date of B	irth//				
What disa	bility/condition does t	he person have?			
	current order appointin available):	ng a guardian for th	e person? If so, p	lease provide	
Order No.		_ Date of Order	//	-	
Name, add	dress and telephone de	etails of Guardian:-			
Name					
Address o	of Guardian and/or Ma				
cont. over	page				
	m AF2009-47 approved by L Cret 17 of the ACT Civil and Adminis Authorised by the ACT Parlia	strative Tribunal Act 2008.		-	

Telephone_			
1 –			

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\_\_\_

Approved Form AF2009-47 approved by L Crebbin (General President) and B Stefaniak (Appeal President) on 30 January 2009 under section 117 of the ACT Civil and Administrative Tribunal Act 2008. Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au

DETAILS OF APPLICANT Aiss	
Ars/Ms Ar	
Dther	
(Given Names)	(Surname)
Current Address	
	Postcode
Celephone (H)	(W)
EMAIL	
Date of Birth//	
Relationship to Protected Person	