

Volunteer Welfare Guardian Request Form

Email to: cwcwgt@gmail.com

Attention: Anna Mitchell – Trust Coordinator

Information about yourself and your organisation:

Full Name _____ Title _____

Agency _____ Phone (____) _____

Email _____ Mobile (____) _____

Has a Professional Assessment of the subject person's capacity been undertaken? YES _____ NO _____

If yes, assessment undertaken by _____ Title _____

Agency _____ Phone (____) _____

Email _____ Mobile (____) _____

If no, when is the assessment scheduled? _____

Will the person referring be the applicant to the Family Court? YES _____ NO _____

If No please advise full details of applicant

Full Name _____ Title _____

Agency _____ Phone (____) _____

Email _____ Mobile (____) _____

What avenues for welfare guardians have been investigated?

Information about the person who requires a guardian:

Mr/Mrs/Ms _____ Birth date ____/____/____

Where is the person currently? _____

If at home, Usual residential address _____

Post Code _____ Home Telephone number _____

If in residential care, name of facility/ and contact _____

Address _____ Phone (____) _____ ext _____

First language _____ Religion _____

Ethnic community contact/priest or minister/contact (if any) _____

Phone (____) _____

Urgency of request _____ Date Required ____/____/____

Persons likes and dislikes, interests, etc

Please attach report/ background information as able.

Information about the Persons relatives and friends:

Closest family member _____ Relationship _____

Address _____ Phone (____) _____

_____ Email _____ Closest

Friend/visitor _ _____ Relationship _____ Address _____

_____ Phone (____) _____

_____ Email _____ Other

Family member's _____ Relationship _____

Address _____ Phone (____) _____

_____ Email _____

Family member's _____ Relationship _____

Address _____ Phone (____) _____

_____ Email _____

Any other significant people or pets, or places in the Subject Person's life:

name, address, phone and any significant information, ie pets location or plan

Information about current supports and details of professionals involved

Social worker

Name _____ Phone (____) _____

Agency _____ Email _____

Doctor/senior medical practitioner

Dr/Mr/Mrs/Ms _____

Email _____ Phone (____) _____

Principal Caregiver/Residential Care Manager Name of Care

Facility _____

Name _____ Title _____

Email _____ Phone (____) _____

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 volunteer Welfare Guardian is sought:

I/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 _____ Date ____/____/____

Trust Co-ordinator Only

Request received on: _____

Request accepted **Yes/No** Agency informed of outcome _____ (date)

Forwarded to the Board for Volunteer Matching: _____

Proposed Volunteer Welfare Guardian: _____