



Canterbury-West Coast
Welfare Guardians Charitable Trust

Welfare Guardian Referral Form

Email to: cwcwgt@gmail.com

Attention: Trust Coordinator

Information about the person who requires a guardian

Subject Person's
Name

Subject Person's
Birth date

Where is the
person currently?

If at home, usual
residential
address

Post Code

Home
Phone

If in residential
care, name of
facility

Contact
Name

Care Facility
Address

Phone

First Language

Religion

Ethic community
contact / priest or
minister (if any)

Phone

Urgency of
Request

Person's likes and
dislikes, interests,
etc.



Canterbury-West Coast Welfare Guardians Charitable Trust

***Please attach report / background information as available
Information about the person's relatives and friends***

Closest family
member

Relationship

Address

Phone

Email

Closest friend /
Visitor

Relationship

Address

Phone

Email

Other family

Relationship

Address

Phone

Email

Other family

Relationship

Address

Phone

Email



Canterbury-West Coast Welfare Guardians Charitable Trust

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

Add further
information here

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

Title

Agency

Phone

Email

Has a Professional Assessment of the subject person's
capacity been undertaken?

YES

NO

If yes, assessment
undertaken by
(name)

Title

Agency

Phone

Mobile

Email

If no, when is the
assessment
scheduled?

Has a Person Order for placement been filed with Family
Court?

YES

NO



Canterbury-West Coast Welfare Guardians Charitable Trust

Have other applications been filed with Family Court?

YES NO

If yes, please list
the applications

What avenues for
welfare guardians
have been
investigated?

Information about current supports and details of professionals involved

Full Name of Doctor
/ Senior Medical
Practitioner

Title (Dr,
Mr, Mrs,
Ms)

Agency

Phone

Email

Full Name of
Principal
Caregiver/Residential
Care Manager

Title (Dr,
Mr, Mrs,
Ms)

Name of Care Facility

Phone

Email

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



Canterbury-West Coast Welfare Guardians Charitable Trust

Acknowledgement

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 Coordinator Only

Received Date

Referral
Accepted

Date Agency
Informed of
Outcome

Forwarded
to the
Board

Proposed
Welfare Guardian
