



# WAIKATO WELFARE GUARDIANSHIP TRUST

## Welfare Guardianship Request Form

Email: [wgtwaikato@gmail.com](mailto:wgtwaikato@gmail.com)

Information about Yourself and Your Organisation:

Full Name \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

Has a Professional Assessment as to Capacity been undertaken? YES \_\_\_\_\_ NO \_\_\_\_\_

If No then when is this assessment scheduled? \_\_\_\_\_

Assessment undertaken by \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

What (if any) other avenues for welfare guardian assistance have been investigated?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information about the Person who requires a guardian:

Mr/Mrs/Ms \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Residence/facility name \_\_\_\_\_ Contact name \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_\_

\_\_\_\_\_ First language \_\_\_\_\_

Religion \_\_\_\_\_ Ethnicity \_\_\_\_\_

Priest/Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Urgency of request \_\_\_\_\_ Date Required \_\_\_\_/\_\_\_\_/\_\_\_\_

Likes and dislikes, interests, etc \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# WAIKATO WELFARE GUARDIANSHIP TRUST

*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** \_\_\_\_\_

*Any other significant family, friends or other people in the Subject Person's life:*

**Name Address Phone**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Information about Support What support is in place currently 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.*



# WAIKATO WELFARE GUARDIANSHIP TRUST

**To help us and our volunteers it is also helpful if you can advise the following:**

Are there any potential risks that need to be considered/managed/minimised to assist the volunteer working with the subject person. This includes personal or family violence history, agitation with people trying to help with personal care, or behavioural challenges and potential triggers.

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Ongoing health needs of the subject person:

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What professional support plan is in place for the next few months:

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# ***WAIKATO WELFARE GUARDIANSHIP TRUST***

Is there a Property Manager and what has been considered about this role if not in place:

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Is there any additional information you can think of that may be challenging to any volunteer:

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Please attach any additional information.



# WAIKATO WELFARE GUARDIANSHIP TRUST

*Please explain why a volunteer Welfare Guardian is sought:*

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I/We acknowledge that once the Court has appointed a Welfare Guardian with or without an order for that person to administer property under the Protection Of Personal and Property Rights Act 1988, neither the Welfare Guardian nor the Waikato Welfare Guardianship Trust shall be liable in any way in respect of anything done or omitted to be done by the Welfare Guardian in the exercise of the powers conferred upon the Welfare Guardian by that Act.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Authority \_\_\_\_\_