



WAIKATO WELFARE GUARDIANSHIP TRUST

Welfare Guardianship Request Form

Email: 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 _____



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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.



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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.

Ongoing health needs of the subject person:

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



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

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

Health & Safety Checklist

- Smoking
- Maintenance
- Animals
- Sanitation Issues

OR

Resides in a Care Facility

Please attach any additional information.



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Please explain why a volunteer Welfare Guardian is sought:

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 _____