



Wellington Welfare Guardianship Trust

Email: wwgtrust@gmail.com

Welfare Guardianship Request Form

Information about person making the application and your organisation:

Full Name _____ Title _____
Agency _____ Phone (____) _____
Email _____ Mobile (____) _____

Professional Assessment as to Capacity

Please note that an assessment of capacity is required to accompany this application. Please supply a copy with this report.

Assessment undertaken by _____ Title _____
Agency _____ Phone (____) _____
Email _____ Mobile (____) _____

What 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 _____
Ethnicity _____ First Language _____
Priest/ other Contact _____ Phone (____) _____

Is Religious or Cultural perspective essential in placement of WG? _____

Urgency of request _____

Please note that our welfare guardians are volunteers and finding a match may take some time depending on location, complexity of the case and experience of a volunteer.

Information about the Persons relatives and friends:

Closest family member _____ Relationship _____

Address _____ Phone (_____) _____

_____ Email _____

Closest friend/visitor _____ Relationship _____

Address _____ Phone (_____) _____

_____ Email _____

Other Family _____ Relationship _____

Address _____ Phone (_____) _____

_____ Email _____

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

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

Tell us about the person who requires a Welfare Guardian, for example how long they have been in care, their likes, dislikes, interests, etc.

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 Wellington 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 _____