



Wellington Welfare Guardianship Trust

61 Karepa Street, Brooklyn, Wellington, New Zealand.

Email: wwgtrust@gmail.com

Welfare Guardianship Request Form

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 _____

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:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
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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.

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 _____