



# Whanganui Welfare Guardian Trust

C/- P.O. Box 351, Whanganui, 4541, New Zealand.

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

## Welfare Guardian Request Form

Information about Yourself and Your Organisation (if applicable):

Full Name \_\_\_\_\_ Title \_\_\_\_\_  
Agency \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

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 \_\_\_\_\_  
Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Likes and Dislikes, Interests, etc \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Urgency of Request \_\_\_\_\_ Date Required \_\_\_\_\_

Have any prior Court Applications been made? Yes No

If Yes, please supply Family Court Application or Court Order Number: \_\_\_\_\_

Has a Property Manager been appointed? Yes No Name \_\_\_\_\_

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?

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

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

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

**Any Other Significant family, Friends or other People in the Subject Person's Life:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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**Information about Support:**

**Social Worker Name** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_

**Agency** \_\_\_\_\_ **Email** \_\_\_\_\_

**Doctor/Senior Medical Practitioner** Dr/Mr/Mrs/Ms \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_

**Principal Caregiver/Residential Care Manager**

**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 alternative 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.**

*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 Whanganui Welfare Guardian 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 \_\_\_\_\_