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## Purpose

A person who you have assessed and/or provided services to (your client) is the subject of an application before the State Administrative Tribunal (the Tribunal).

The Tribunal is required to determine your client’s capability to make financial and personal decisions.

Your client is presumed to be capable of making their own decisions unless the Tribunal determines that they are unable to do so.

The purpose of this form is to enable you to provide your views about your client’s circumstances in advance of the hearing. This information is important as it allows the Tribunal to determine the application and to make decisions in your client’s best interests.

## Confidentiality

The information you provide about your client is part of the information relied upon by the Tribunal to determine the application. It may be necessary for the Tribunal to disclose the information you provide to your client and other interested parties to the proceedings.

Parties may be authorised to inspect documents held on file by the Tribunal, however they are not entitled to receive copies of the documents. Parties are obliged to refrain from disclosing the contents of such documents to anyone else.

Parties who attend the hearing will be informed that you have provided this information at the request of the Tribunal.

## Service Provider Details

Full name: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Position: \_\_\_\_\_

Agency or service: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

## Client Information

Full name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Current location: \_\_\_\_\_

Length of time you have known your client: \_\_\_\_\_

Does your client identify as Aboriginal or Torres Strait Islander?

Yes – Aboriginal

Yes – Torres Strait Islander

Yes – Both Aboriginal and Torres Strait Islander

No

Unsure

## Formal Supports

Please identify and provide contact details for any formal support services that your client is currently receiving:

## Informal Supports

Please identify and provide contact details for your client's family members and/or close friends:

Please describe the nature of your client's relationships with their family and close friends:

Please identify any conflict that may exist within your client's family:

## Medical Conditions

Diagnosis:

Please identify and provide contact details for any medical and other health professionals who may have assessed or treated your client within the past 12 months:

Date of admission, if relevant:

Reason for admission:

## Cognitive Capacity to Make Financial Decisions

Please provide details of how your client's finances are currently managed:

Please describe whether your client is able to make simple and/or complex financial decisions, for example forward planning:

Please describe whether your client makes financial decisions that are in their own best interests:

Please describe whether your client is vulnerable to financial exploitation by others or otherwise at risk:

## **Capability to Make Personal Decisions**

Please describe whether your client is able to understand and follow the advice of their treating medical professionals:

Please indicate whether your client accepts services that are appropriate to their support requirements:

Please describe your client's current accommodation needs:

Please indicate to what extent your client has insight into their medical condition and into their treatment, support and accommodation needs:

Please indicate if your client's health and safety is currently at risk and, if so, in what way:

## Enrolled to Vote

Is your client currently enrolled for the purpose of complying with the provisions of the *Electoral Act 1907* relating to compulsory voting?

Yes                  No                  Unsure

## Declaration

**I declare that the information provided is true to the best of my knowledge and belief and the opinions expressed are within my area of expertise.**

Name

Signature

Date