Subject Person Referral Form

**Email to:** info@welfareguardianscanterbury.nz

**Attention**: Trust Coordinator

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| ***Information about the person who requires a Welfare Guardian*** |
| Subject Person’s Name |  |
| Subject Person’s Birth date |  |
| Where is the person currently?  |  |
| If at home, usual residential address  |  |
| Post Code |  | Home Phone |  |
| If in residential care, name of facility |  | Contact Name |  |
| Care Facility Address |  | Phone |  |
| First Language |  | Religion |  |
| Ethic community contact / priest or minister (if any) |  | Phone |  |
| Urgency of Request |  |
| Person’s likes and dislikes, interests, etc. |  |
| ***Please attach report / background information as available******Information about the person’s relatives and friends*** |
| Closest family member |  | Relationship |  |
| Address |  | Phone |  |
|  |  | Email |  |
| Closest friend / Visitor |  | Relationship |  |
| Address |  | Phone |  |
|  |  | Email |  |
| Other family |  | Relationship |  |
| Address |  | Phone |  |
|  |  | Email |  |
| Other family |  | Relationship |  |
| Address |  | Phone |  |
|  |  | Email |  |
| ***Any other significant people or pets, or place in the Subject Person’s life*** |
| Add further information here |  |

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| ***Information about the person making the referral and your organisation.*** ***Please note that it is the Referrers responsibility to draft all the paperwork. The assigned Welfare Guardian will receive the completed referral and make the application to the Family Court.*** |
| Full Name |  | Title |  |
| Agency |  | Phone |  |
|  |  | Email |  |
| Has a Professional Assessment of the subject person’s capacity been undertaken? |  YES □ NO □ |
| If yes, assessment undertaken by (name) |  | Title |  |
| Agency |  | Phone |  |
| Mobile |  | Email  |  |
| If no, when is the assessment scheduled? |  |
| Has a Person Order for placement been filed with Family Court?  |  YES □ NO □ |
| Have other applications been filed with Family Court? |  YES □ NO □ |
| If yes, please list the applications |  |
| What avenues for welfare guardians have been investigated? |  |

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| ***Information about current supports and details of professionals involved*** |
| Full Name of Doctor / Senior Medical Practitioner |  | Title (Dr, Mr, Mrs, Ms) |  |
| Agency |  | Phone |  |
|  |  | Email |  |
| Full Name of Principal Caregiver/Residential Care Manager |  | Title (Dr, Mr, Mrs, Ms) |  |
| Name of Care Facility |  | Phone |  |
|  |  | Email |  |
| *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 Welfare Guardian is sought |  |

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| ***Acknowledgement*** |
| l/We acknowledge that, once the Court has appointed a Welfare Guardian under the Protection OfPersonal and Property Rights Act 1988, neither the Welfare Guardian nor the Canterbury- WestCoast Welfare Guardians Charitable Trust shall be liable in any way for any act or omission of the Welfare Guardian in his or her exercise of the powers conferred upon the Welfare Guardian by that Act. |
| Signed  |  | Date |  |

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| ***Trust Coordinator Only*** |
| Received Date |  | Referral Accepted |  |
| Date Agency Informed of Outcome |  | Forwarded to the Board |  |
| Proposed Welfare Guardian |  |