



# Application to Request to be joined as a party

## GUARDIANSHIP DIVISION

Complete this application form to apply to be joined as a party to an application before NCAT's Guardianship Division.

Before applying to be joined as a party, you should contact NCAT on (02) 9556 7600 or 1300 006 228 to discuss with a Guardianship Division officer. For more information read the fact sheet 'Applying to be joined as a party'.

### 1. Details of the person the application is about

title  Mr  Mrs  Miss  Ms  Other, specify \_\_\_\_\_

given name \_\_\_\_\_

family name \_\_\_\_\_

date of birth \_\_\_\_\_ age \_\_\_\_\_

**current address**

street \_\_\_\_\_

suburb/town, state, postcode \_\_\_\_\_

phone \_\_\_\_\_

mobile phone \_\_\_\_\_

fax \_\_\_\_\_

email \_\_\_\_\_

**client number if known** \_\_\_\_\_

**date of hearing** \_\_\_\_\_

### 2. Details of the person requesting to be joined as a party

title  Mr  Mrs  Miss  Ms  Other, specify \_\_\_\_\_

given name \_\_\_\_\_

family name \_\_\_\_\_

**current address**

street \_\_\_\_\_

suburb/town, state, postcode \_\_\_\_\_

phone \_\_\_\_\_

mobile phone \_\_\_\_\_

fax \_\_\_\_\_

email \_\_\_\_\_

### 3. Details of your relationship to the person the application is about

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**What is your relationship to the person the application is about?**

Are you family, a friend or a professional?  family  friend  professional

If family, how are you related to the person?

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If professional, what is your profession?

(Attach a separate sheet of paper if more space is required.)

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**How long have you known each other and in what capacity or circumstances?**

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**What are your concerns for the welfare of the person the application is about?**

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**Are there any other reasons why you should be joined as a party?**

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**Please provide any evidence, assessments or reports you consider relevant to the issues to be decided by NCAT. If necessary, discuss this with a Tribunal officer.**

## 4. Applicant's declaration

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Having read through this completed application:

- I consider that, to the best of my knowledge, all of the information is true and accurate.
- I have not intentionally left out important information or the names of parties who have a legitimate interest in this application
- I understand that it is an offence to make a false or misleading statement in an application.

Signature of applicant

Date

Signature of witness

Date

Name of witness

Address of witness

## To lodge your application

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**To lodge your application, return all pages of the form to NCAT's Guardianship Division.** There is no fee for lodging this application. For further information about making an application, contact the NCAT Guardianship Division.

### NCAT Guardianship Division

Postal address: PO Box K1026, Haymarket NSW 1240

Street address: Level 6 John Maddison Tower, 86-90 Goulburn Street, Sydney

Telephone: (02) 9556 7600 or 1300 006 228  
Interpreter Service (TIS) 13 14 50  
National Relay Service for TTY Users 13 36 77

Email: [gd@ncat.nsw.gov.au](mailto:gd@ncat.nsw.gov.au)

Website: [www.ncat.nsw.gov.au](http://www.ncat.nsw.gov.au)