For Office Use only	
Received Date	
Client No	
Form Review Date	30/06/2019

APPLICATION FOR DISPUTE RESOLUTION

Advance Care Directives Act 2013
Consent to Medical Treatment and Palliative Care Act 1995

What is this form for?

Use this form to apply for Dispute Resolution.

- If the person has made an advance care directive and there is a disagreement about a health, accommodation or personal decision that has to be made for that person. This includes people who have made an Enduring Power of Guardianship, a Medical Power of Attorney or an Anticipatory Direction before July 1st 2014.
- If a person does not have an advance care directive, but there is a disagreement about health care and/or medical treatment. This includes disputes involving children under 16 years of age.

Who can Apply?

- the person who the decision is about (self)
- a substitute decision- maker appointed under an advance care directive
- If the matter relates to a child (under 16yrs) a parent or guardian of the child
- a relative of the person
- If the person is a patient with impaired decision making capacity in respect to a particular decision, a person responsible for the patient
- a health practitioner giving, or proposing to give health care to the person
- the person/people in charge of the day to day care of the person who made the ACD
- any other person who the Public Advocate assesses as having a proper interest in the life of the person and the dispute.

- **If the person themselves is making the application, skip section 2**
- **Lodging the application**

If you require assistance a verbal application can be made over the phone or in person at the Office of the Public Advocate.

Mail	**Office of the Public Advocate, GPO Box 464, Adelaide SA 5001**
Email	**opa@agd.sa.gov.au**
Fax	**08 8429 6121**
Deliver	**Level 8, Chesser House, 95 Grenfell Street, Adelaide SA 5000**

Section 1

DETAILS OF THE PERSON WHO THE APPLICATION IS ABOUT						
Title:	Mr ☐	Mrs ☐	Ms ☐	Miss ☐	Dr ☐	Other
Surname:		**First Name**	ee			
Current Address						
Suburb:						
State:		**Postcode:**				
Home Address (if different)						
Suburb:						
State:		**Postcode:**				
Email address:						
Contact Numbers	**Daytime No:**		**Mobile No:**			
Date of Birth:			**Gender**	M ☐	F ☐	
Country of Birth: Click or tap here to enter text.			**Does the person need an interpreter**	Y☐ N ☐		
Does the person identify as Aboriginal or Torres Strait Islander	Y☐	N ☐				
Are there cultural aspects to consider	Y☐	N ☐				
Please specify:						
Has the person made an Advance care Directive	Y☐	N ☐	**If possible please provide a copy of this document**			
Do you think the person has decision making capacity	Y☐	N ☐	**Have you informed the person about this application**	Y☐ N ☐		

Section 2

APPLICANT DETAILS *Applicant 1*						
Title:	Mr ☐	Mrs ☐	Ms ☐	Miss ☐	Dr ☐	Other
Name:				Surname		
Postal Address						
Suburb						
State			**Postcode:**			
Email address						
Contact Numbers:	**Daytime No:**		**Mobile No:**			
Who referred you to the OPA service:						
Relationship to the person		**Are you the Substitute Decision Maker** ☐ **Yes** ☐ **No**				
		Are you the Enduring Power of Attorney ☐ **Yes** ☐ **No**				

APPLICANT DETAILS *Applicant 2 if required*						
Title:	Mr ☐	Mrs ☐	Ms ☐	Miss ☐	Dr ☐	Other
Name:				Surname		
Postal Address						
Suburb						
State			**Postcode:**			
Email address						
Contact Numbers:	**Daytime No:**		**Mobile No:**			
Who referred you to the OPA service:						
Relationship to the person		**Are you the Substitute Decision Maker** ☐ **Yes** ☐ **No**				
		Are you the Enduring Power of Attorney ☐ **Yes** ☐ **No**				

Section 3

OTHER PEOPLE TO BE INCLUDED IN DISPUTE RESOLUTION						
Title:	Dr ☐	Mr ☐	Mrs ☐	Ms ☐	Miss ☐	Other
Name:			Surname			
Address						
Suburb:						
State:			**Postcode:**			
Email address						
Contact numbers:	**Daytime No:**		**Mobile No:**			
Relationship to the person	**Are they the Substitute Decision Maker** ☐ **Yes** ☐ **No** **Are they the Enduring Power of Attorney** ☐ **Yes** ☐ **No**					
Have they been informed of the application:	☐ Yes	☐ No				
Title:	Dr ☐	Mr ☐	Mrs ☐	Ms ☐	Miss ☐	Other
Name:			Surname			
Address						
Suburb:						
State:			**Postcode:**			
Email address						
Contact Numbers:	**Daytime No:**		**Mobile Np:**			
Relationship to the person	**Are they the Substitute Decision Maker** ☐ **Yes** ☐ **No** **Are they the Enduring Power of Attorney** ☐ **Yes** ☐ **No**					
Have they been informed of the application:	☐ Yes	☐ No				

Title:	Dr ☐	Mr ☐	Mrs ☐	Ms ☐	Miss ☐	Other
Name:			Surname			
Address						
Suburb:						
State:		**Postcode:**				
Email address						
Contact Numbers:	**Daytime No:**		**Mobile:**			
Relationship to the person:		**Are they the Substitute Decision Maker** ☐ **Yes** ☐ **No**				
		Are they the Enduring Power of Attorney ☐ **Yes** ☐ **No**				
Have they been informed of the application:		☐ Yes	☐ No			

Title:	Dr ☐	Mr ☐	Mrs ☐	Ms ☐	Miss ☐	Other
Name:			Surname			
Address						
Suburb:						
State:		**Postcode:**				
Email address						
Contact Numbers:	**Daytime No:**		**Mobile No:**			
Relationship to the person		**Are they the Substitute Decision Maker** ☐ **Yes** ☐ **No**				
		Are they the Enduring Power of Attorney ☐ **Yes** ☐ **No**				
Have they been informed of the application:		☐ Yes	☐ No			

Title:	Dr ☐	Mr ☐	Mrs ☐	Ms ☐	Miss ☐	Other
Name:			Surname			
Address						
Suburb:						
State:		**Postcode:**				
Email address						
Contact Numbers:	**Daytime No:**		**Mobile No:**			
Relationship to the person:		**Are they the Substitute Decision Maker** ☐ **Yes** ☐ **No** **Are they the Enduring Power of Attorney** ☐ **Yes** ☐ **No**				
Have they been informed of the application:			☐ Yes	☐ No		

Title:	Dr ☐	Mr ☐	Mrs ☐	Ms ☐	Miss ☐	Other
Name:			Surname			
Address						
Suburb:						
State:		**Postcode:**				
Email address						
Contact Numbers:	**Daytime No:**		**Mobile No:**			
Relationship to the person		**Are they the Substitute Decision Maker** ☐ **Yes** ☐ **No** **Are they the Enduring Power of Attorney** ☐ **Yes** ☐ **No**				
Have they been informed of the application:			☐ Yes	☐ No		

Section 4

Do you think the person is able to take part in the dispute resolution process /mediation?

☐ Yes ☐ No **Please specify**: _____

Are there any safety concerns for any of the parties attending mediation? If so please give details (e.g. physical safety / verbal abuse / threats from anyone attending the mediation)

Will the person require any special assistance to be involved in the dispute resolution process:

☐ wheelchair / mobility access
☐ hearing impairment /loss
☐ for speech impairment
☐ for vision impairment / loss
☐ other (please specify below)

_____

Details of issues that are in dispute: