



Formal guardian and/or administrator details

Use this form to advise the Department of Housing if you are a guardian and/or administrator who has been formally appointed by the Queensland Civil and Administrative Tribunal (QCAT) or the former Guardianship and Administration Tribunal (GAAT). If you need more information or would like to arrange an interpreter, contact your nearest Housing Service Centre.

Client name

Client address

Phone number

Contact details for formal guardian and/or administrator

Name

Address

Contact numbers
(Business hours) (After hours) (Mobile)

Email

How would you prefer to be contacted? (Phone, letter, SMS, email etc). You may list more than one

Description of your guardian/administrator powers as prescribed in your QCAT or GAAT order

Have you attached a copy of your Guardianship/Administration Order issued by QCAT or GAAT?

Yes No Valid from / / (date) to / /

Please note: you are not legally required to provide a copy of the QCAT/GAAT order to the Department of Housing. However, should a copy not be provided, the department will not accept directions from you, or provide information to you, in relation to the client.

Privacy Notice The Department of Housing is collecting your personal information so we may provide you with housing assistance. To assist you with your housing needs and services, your personal information may be disclosed to partner agencies, service providers, local governments and non-governmental agencies that now, or will, provide you with housing and/or support services. Unless authorised or required by law, your personal information will not be disclosed to any other third party without your consent. More information about the Department's privacy obligations is available on our website at www.housing.qld.gov.au.

Signature of guardian and/or administrator

To the best of my knowledge, the information provided on and in conjunction with this form is true and correct. I understand that it is an offence under the *Housing Act 2003* to knowingly provide to the Department of Housing false or misleading information that may influence decisions about the client's eligibility for housing services.

Name Signature Date / /

Please return completed form to your nearest [Housing Service Centre](#).