



Schedule 1 – Clause 18 advice, direction or approval

COVID-19 Emergency Response Act 2020

What to do	Complete this form and provide to SACAT by email: sacat@sacat.sa.gov.au
Any questions?	About the application and hearing process - email or call us on 1800 723 767 About the legislation and what application you should make – contact OPA on 8342 8200

IMPORTANT: All sections marked with an asterisk ***MUST** be completed

1. Applicant details

Title Ms Mr Mrs Dr Other (please specify)

*Given name(s)

*Family name

Relationship to protected person

*Address

Postal address

Suburb

State

Postcode

Telephone

Mobile

*Email

*I am the:

Guardian Authorising Authority Prescribed person

If you are unsure which applies to you please contact OPA on 8342 8200 before proceeding with this application

2. Protected person details

Title Ms Mr Mrs Dr Other (please specify)

*Given name(s)

*Family name

*Date of birth / /

Gender Male Female

Does the person identify as Aboriginal or Torres Strait Islander Yes No

Language mainly spoken

Telephone number

Email (if applicable)

Name of accommodation premises

*Address of accommodation

*3. Guardianship Orders

Is this person subject to a Guardianship Order issued by SACAT where the guardian has the responsibility to make accommodation arrangements

Yes No

If yes, please provide the SACAT Reference Number

***4. Current detention orders or directions in place**

Is this person currently detained under Schedule 1 of the *Emergency Response Bill 2020*

Yes No

If yes:

Date or direction or order expires

Detention authorised by:

Guardian Authorising Authority Prescribed person Tribunal

A copy of the detention authorisation must be provided to SACAT

***5. Reasons for application**

Advice

Direction

Approval

***Please specify in more detail**

Please provide any additional information in support of your application