

Financial Guardian Suitability Assessment Form

(Vulnerable Adults)

1. Applicant Details

Name

Relationship to Vulnerable Adult

Address

Contact Number

Email

2. Details of Vulnerable Adult

Name

Date of Birth

Reason for Vulnerability

Current Living Arrangements

3. Suitability Assessment

Why do you believe you are suitable to act as a Financial Guardian?

Have you previously managed finances for anyone else?

If yes, please provide details

Do you have any criminal convictions?

If yes, please provide details

Are you currently or have you ever been bankrupt or subject to insolvency proceedings?

If yes, please provide details

References (Names and Contact Information)

4. Declaration

I declare that the information provided above is, to the best of my knowledge, true and complete.

Name

Date

Signature