

# Application

## Mental Health Act 2014 (WA)

### Application for Review of Transfer Decision s 390(1)(d), (e), (f), or (g)

#### The patient

Name

Postal address

Email address

Contact phone

Date of Birth

Day

Month

Year

#### The applicant (if not the patient)

Name

Postal address

Email address

Contact phone

Relationship to patient

- carer                       close family member                       personal support person (choose one)
- mental health advocate
- lawyer
- other (specify) \_\_\_\_\_

#### Lawyer/advocate/nominated person/support person(s) (if not the applicant)

Name

Postal address

Email address

Contact phone

Relationship to patient    lawyer                       advocate                       nominated person                       support person



**Review sought (tick one)**

s 390(1)(d)

- Review of a decision by a treating psychiatrist to transfer an involuntary inpatient from a general hospital to an authorised hospital under s 66(1)
- Review of a decision by a treating psychiatrist to **refuse** an involuntary inpatient's request to be transferred from a general hospital to an authorised hospital under s 66(1)
- Review of a decision by a psychiatrist to transfer an involuntary inpatient from an authorised hospital to another authorised hospital under s 91(2)
- Review of a decision by a psychiatrist to **refuse** an involuntary inpatient's request to be transferred from an authorised hospital to another authorised hospital under s 91(2)  
*(Please attach a copy of the Form 4C Transfer Order if possible)*

s 390(1)(e)

- Review of a decision by a supervising psychiatrist to transfer responsibility for a patient to another supervising psychiatrist under s 135(1)(a)
- Review of a decision by a supervising psychiatrist to **refuse** a request to transfer responsibility for a patient to another supervising psychiatrist under s 135(1)(a)  
*(Please attach a copy of the Form 5C Variation Order if possible)*

s 390(1)(f)

- Review of a decision by a supervising psychiatrist to transfer a treating practitioner's responsibility for the patient to another treating practitioner under s 137(a).
- Review of a decision by a supervising psychiatrist to **refuse** a request to transfer a treating practitioner's responsibility for the patient to another treating practitioner under s 137(a)  
*(Please attach a copy of the Form 5C Variation Order if possible)*

s 390(1)(g)

- Review of a decision by a person in charge of a hospital about whether to transfer an inpatient to an interstate mental health service under s 555(1)

**What decision do you want the Tribunal to make and why?**

Signature

Date

**Please send your application to:**

The Registrar  
Mental Health Tribunal  
PO Box Z5272  
Perth St Georges Tce WA 6831

email: [registry@mht.wa.gov.au](mailto:registry@mht.wa.gov.au)

*If you have any queries, please telephone the Registry staff on (08) 6553 0060*

