

Application

Mental Health Act 2014 (WA)

Application for Review of Long-term Voluntary Inpatient s 405(1)

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



Grounds for review

Name of psychiatrist:

Name of mental health service:

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

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

