

Application

Mental Health Act 2014 (WA)

Application to issue a Compliance Notice for Non-clinical Matters s 423

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 application

Prescribed requirement which has not been complied with:

- ☐ to give a document, or provide other information, to a patient or another person (or to ensure that this is done) (s422(a/b)(i)). Explain below.

- ☐ to include a document or other information on a patient's medical record (or to ensure that this is done) (s422(a/b)(ii)). Explain below.

- ☐ to comply with a request made by a patient or other person (or to ensure that this is done) (s422(a/b)(iii)). Explain below.

- ☐ to ensure that a treatment, support and discharge plan for a patient is prepared, reviewed or revised (s 422(c)). Explain below.



Service provider responsible by the Act for compliance (or ensuring compliance) with the prescribed requirement:

- ☐ Person in charge of a mental health service Name: _____
- ☐ Medical practitioner Name: _____
- ☐ Mental health practitioner Name: _____

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

