

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 **save the completed application and submit via the MHT's Document Lodgement Portal**

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

