Mental Health and Wellbeing Act 2022
Section 206, 226, 537, 548, 558

MHWA 114
Application to Mental Health Tribunal

MHWA114

Mental Health Statewide UR Number

Local Patient Identifier	
FAMILY NAME	
GIVEN NAMES	
DATE OF BIRTH	SEX / GENDER

Place patient identification label above

Instructions to complete this form

- This form is to be used when a patient wants to make an application to the Tribunal:
  - to end their compulsory treatment (complete **Part A**)
  - to stop their transfer to another Designated Mental Health Service (complete **Part B**). This application must be made within 20 business days after the transfer decision; or
  - to review a refusal to grant a security patient leave of absence (complete **Part C**).
- An application under Part A or B can be made by:
  - the patient or any person at the request of the patient, including a mental health advocate; or
  - a guardian, a parent if the patient is under 16 years, the Secretary of the Department of Families, Fairness and Housing, if that Secretary has parental responsibility for the person under a Relevant Child Protection Order.
- An application under Part C can be made by the security patient.
- Please ☑ the type of application you want to make.

GIVEN NAMES FAMILY NAME (BLOCK LETTERS) of patient

address:

address of patient

a patient of:

Name of Designated Mental Health Service

To the Mental Health Tribunal

☐ **Part A: Application against compulsory treatment**
(tick ☑ here)

1. I am a compulsory / security patient.
2. I do not want to have compulsory treatment.
3. I want the Tribunal to revoke my Treatment Order or Temporary Treatment Order or discharge me as a security patient.

☐ **Part B: Application against transfer to another Designated Mental Health Service**
(tick ☑ here)

1. The Authorised Psychiatrist has transferred me / is going to transfer me to the following Designated Mental Health Service:

name of receiving Designated Mental Health Service

2. I do not / did not want to be transferred.
3. I want the Tribunal to review the decision.

☐ **Part C: Application against refusal to grant leave of absence (security patients only)**
(tick ☑ here)

1. I am a security patient.
2. The Authorised Psychiatrist has refused to grant me the following leave of absence:

3. I want the Tribunal to review the decision.

Signature: Date:

signature of person making application

Given Names: Family Name:

Address: Telephone:

If you are not the patient, please indicate your relationship to the patient:

ROLLS AUSTRALIA 1300 600 192

JULY 2023

Next steps

After completing this form:

1. **send** a copy of this form to the Mental Health Tribunal (**Tribunal**):
   - Email: registry@mht.vic.gov.au
   - Fax: 9032 3223
   - Mail: Level 30, 570 Bourke Street, Melbourne 3000; or
2. **ask** a member of staff at the Designated Mental Health Service to send the application to the Tribunal.
3. once the Tribunal receives your application, they will hold a hearing to make a decision.

   you can **get** more information from the Tribunal:
   - Tel: 9032 3200
   - Tel: 1800 242 703 (toll free)
   - Web www.mht.vic.gov.au
4. you can **get** assistance from an independent mental health advocate:
   - Tel: 1300 947 820
   - Email: contact@imha.vic.gov.au
   - Web: www.imha.vic.gov.au

Privacy statement

The information collected on this form will be used by the Tribunal to organise a hearing. The Tribunal will tell you and the Designated Mental Health Service when the hearing will happen.

The Tribunal will request the service to provide information about you and your treatment. The Tribunal will use this information to help it decide your application. The exchange of information between the Tribunal and the Designated Mental Health Service is authorised under the *Mental Health and Wellbeing Act 2022*.

The Tribunal will keep your information secure and not disclose it for any other purpose unless it is required by a law. You can access information held about you by the Tribunal by contacting the Tribunal at the address above.