

Nominated Support Person revocation form

Use this form to revoke (cancel) a Nominated Support Person

Help with this form

Your treating team must help you understand this form.

You can get help to fill out this form from a mental health and wellbeing service provider, family member, friend, or advocate.

For help in your language contact the Translating and Interpreting Service on 131 450.



First Nations people can get help from:

- Aboriginal Liaison Officers
- Aboriginal Community Controlled Services

You can contact Independent Mental Health Advocacy (IMHA) for help with this form.

- Call 1300 947 820, 9.30am to 4.30pm, seven days a week
- Email IMHAcontact@imha.vic.gov.au
- Visit our website www.imha.vic.gov.au

You don't have to use this form and can create your own, but you must include certain details. To find out more, visit the IMHA website www.imha.vic.gov.au and look at the:

- IMHA Nominated Support Person video.
- IMHA Guide to Nominated Support Person document.

What is a Nominated Support Person?

You have the right to appoint a Nominated Support Person under the Mental Health and Wellbeing Act 2022 (the Act).

This is a person you formally choose to support you and advocate for what you want if you receive compulsory assessment or treatment. They must advocate for what you say you want, not what they want. The mental health and wellbeing service provider must try to help them support you and inform them about your treatment.

If you have a Nominated Support Person and you do not want them anymore you can:

- Use this form to cancel your current Nominated Support Person, or
- Choose a new Nominated Support Person by filling out the Nominated Support Person form. This will automatically cancel your current Nominated Support Person.

You can cancel your Nominated Support Person at any time, even if you are in hospital.

When you revoke or cancel the nomination:

- You must take reasonable (fair and sensible) steps to tell the Nominated Support Person that you have revoked (cancelled) the nomination.
- If you are currently receiving compulsory treatment under the Act, you must tell your psychiatrist that you are cancelling your Nominated Support Person. If you are not sure who this is, you can contact your mental health and wellbeing service provider to find out.

Your Nominated Support Person can also choose to resign from their role.

- To resign, your Nominated Support Person must fill out the Nominated Support Person Resignation form available on the [Department of Health website](https://www.health.vic.gov.au/mental-health-and-wellbeing-act-handbook/supported-decision-making/nominated-support-persons) <<https://www.health.vic.gov.au/mental-health-and-wellbeing-act-handbook/supported-decision-making/nominated-support-persons>>
- If they resign, they must take all reasonable (fair and sensible) steps to tell you.

About this form

- This form must be witnessed by an adult (18 years of age or over), which means they must watch you sign the form. This can be anyone you choose, including friends, family members or support workers. A statement by the witness must also be included. See the witness declaration at the end of this form.
- When you fill in the form, give it to your mental health and wellbeing service provider. They will put a copy in your clinical file and record it in the hospital's electronic information system.
- You will need to keep a copy of the form for yourself in case you go to a different hospital or service provider. You can ask your mental health and wellbeing service provider to make copies for you. You can give a copy to your carer, support person, or nominated support person.

To receive this document in another format email mhwa@health.vic.gov.au

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Available at [Nominated support persons](https://www.health.vic.gov.au/mental-health-and-wellbeing-act-handbook/supported-decision-making/nominated-support-persons) <<https://www.health.vic.gov.au/mental-health-and-wellbeing-act-handbook/supported-decision-making/nominated-support-persons>>



NSP2

Mental Health and Wellbeing Act 2022
Sections 65

NSP 2

Nominated Support Person Revocation

Local Patient Identifier																			
FAMILY NAME																			
GIVEN NAMES																			

Mental Health Statewide UR Number										DATE OF BIRTH			SEX		GENDER				
										Place patient identification label above FOR OFFICE USE									

Nominated Support Person revocation

Your information

Your name:		Date:	
Date of Birth:		Phone:	

I nominated _____ (name of Nominated Support Person) to be my Nominated Support Person on _____ (date if known).

I revoke (cancel), that nomination. I understand this means they can no longer receive information about me or advocate for what I want.

Signed (you): _____

Date: _____

Witness statement

- Only an adult can be a witness, meaning they must be 18 years of age or over.
- The witness must:
 - watch you sign the form; and
 - agree with the following declaration and sign it.
- The witness doesn't need to agree with your choice to revoke (cancel) your nominated support person.

I confirm that I am 18 years or older. In my opinion, the person revoking (cancelling) this nomination understands what a revocation is as well as the consequences of revoking (cancelling) the nomination. They understand that the person they had nominated will no longer have the responsibilities or perform the role of a nominated support person.

In my opinion, they appear to have revoked (cancelled) this nomination of their own free will and I have seen them sign their revocation of nomination.

Witness Name: _____

Witness Signature: _____

Date: _____

Time: _____

ROLLS AUSTRALIA 1300 000 192

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