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| ***File Number*** **MH /** | **ACT CIVIL AND ADMINISTRATIVE TRIBUNAL****ASSESSMENT ORDER****APPLICATION FORM**  |  |
|  | *Mental Health Act 2015* |  |

1. **This application is about:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_**

 **(You must provide further details by completing and attaching the Information Sheet)**

1. **The application is made by:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s relationship to Person:**

 Self

 Other – (Carer, Relative, Friend, Health Professional)

 Referring Officer (s35, Mental Health Act 2015)

1. **Do you believe the person has a mental illness or mental disorder?** Yes No

If yes, state the reasons for your belief.

1. **Why are you making this application**
2. **Provide information about past mental health history if known**
3. **Is there actual or potential risk to the person’s health or safety ?(indicate below)**
4. Health Yes No Not known
5. Safety Yes No Not known

If yes, what is the risk?

1. **Is the person causing or likely to cause serious harm to others?** Yes No Not known

If yes, explain why.

1. **Do you believe that the application process is likely to substantially increase the risk to the other person’s health or safety or the risk of serious harm to others?**

Yes No

If yes, explain why you have this belief.

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Full name of applicant Signature

Date:

Information sheet attached.