

Protective Division – Mental Health Stream

Mental Health Act 2013

|  |  |
| --- | --- |
| Application for ReviewRestraint | S 187 |

|  |  |
| --- | --- |
| **1** | **The patient** |
| Name |  |
| Address |  |
|  |  |
| Contact phone |  |
| Email |  |
| Date of birth |  |
|  |  |
| **2** | **The applicant (if not the patient)** |
| Name |  |
| Address |  |
|  |  |
| Contact phone |  |
| Email |  |
| Relationship to patient |  |
|  |  |
| **3** | **Representative/support person(s)** |
| Name |  |
| Address |  |
|  |  |
| Contact phone |  |
| Email |  |
| Relationship to patient |  |

|  |  |
| --- | --- |
| **4** | **Grounds for review** |
| Details of the restraint including:  |  |
| * the place where the restraint took place
 |  |
| * the date and time of the restraint
 |  |
| * the method of restraint
 |  |
| * the person/people restraining the patient
 |  |
| * the duration of the restraint
 |  |
| * whether or not the restraint is ongoing
 |  |
| * the reason given for the restraint
 |  |
|  |  |
|  |  |
|  |  |
| Please provide details of the reasons for the review: |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Signed by the patient/applicant |  |
| Print name of patient/applicant |  |
| Dated |  |

All correspondence to the Tribunal should be emailed to: applications.mentalhealth@tascat.tas.gov.au

Or addressed to:

Deputy Registrar

Protective Division – Mental Health Stream

TASCAT

GPO Box 1311

HOBART TAS 7001

Phone: 1800 657 500