

Protective Division – Mental Health Stream

Mental Health Act 2013

|  |  |
| --- | --- |
| Application for Review Seclusion | S 187 |

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| --- | --- | --- |
| **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 seclusion including: | |  |
| * the place where the seclusion took place | |  |
| * the date and time of the seclusion | |  |
| * the duration of the seclusion | |  |
| * whether or not the seclusion is ongoing, and for how long | |  |
| * the reason given for the seclusion | |  |
|  | |  |
|  | |  |
|  | |  |
| 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](mailto: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