Application
Mental Health Act 2014 (WA)

Application for Decision about Nomination of a Nominated Person
s 430(1)

The patient

Name

Postal address

Email address

Contact phone

Date of Birth

_____ Day _____ Month _____ Year _____

The applicant (if not the patient)

Name

Postal address

Email address

Contact phone

Relationship to patient

☐ carer ☐ close family member ☐ personal support person (choose one)
☐ mental health advocate
☐ lawyer
☐ other (specify) _____

Lawyer/advocate/nominated person/support person(s) (if not the applicant)

Name

Postal address

Email address

Contact phone

Relationship to patient ☐ lawyer ☐ advocate ☐ nominated person ☐ support person

Nomination you want reviewed

Please attach a copy of the Form 12 A Nomination of a Nominated Person

Date nomination made:

Name of person who made the nomination: _____

Decision Sought

- ○ That the Tribunal declare the nomination ○ VALID ○ INVALID
- ○ That the Tribunal revoke the nomination

What decision do you want the Tribunal to make and why?

Signature _____ Date _____

Please save the completed application and submit via the MHT's Document Lodgement Portal

If you have any queries, please telephone the Registry staff on (08) 6553 0060