


File Number MH /	ACT CIVIL AND ADMINISTRATIVE TRIBUNAL ASSESSMENT ORDER APPLICATION FORM	 ACAT <small>AUSTRALIAN CAPITAL TERRITORY CIVIL & ADMINISTRATIVE TRIBUNAL</small>
<i>Mental Health Act 2015</i>		

1. This application is about:

Name: _____ Gender: _____ DOB: _____
 (You must provide further details by completing and attaching the Information Sheet)

2. 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)

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

If yes, state the reasons for your belief.

4. Why are you making this application

5. Provide information about past mental health history if known

6. Is there actual or potential risk to the person's health or safety?(indicate below)

- (i) Health Yes No Not known
(ii) Safety Yes No Not known

If yes, what is the risk?

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

If yes, explain why.

8. 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.

Full name of applicant

Signature

Date:

Information sheet attached.