


File Number MH /	ACT CIVIL AND ADMINISTRATIVE TRIBUNAL INFORMATION SHEET TO BE ATTACHED TO EVERY APPLICATION FORM	 ACAT <small>AUSTRALIAN CAPITAL TERRITORY CIVIL & ADMINISTRATIVE TRIBUNAL</small>
	This information <u>must</u> be attached to <u>ANY</u> application to ACAT for orders under the <i>Mental Health Act 2015</i>	

Name of person _____ Gender: _____ DOB: _____

Home address

Current address (if different)

Phone (h) _____ Email _____

Does the person have a current Advance Agreement? Yes No Don't know

If so, what date was this made _____

Copy attached Yes No

Does the person have a current Advanced Consent Direction? Yes No Don't know

If so, what date was this made _____

Copy attached Yes No

Details of People who must be notified/consulted

If the person is a child – each person with parental responsibility for the child

Name _____ Ph: _____

Postal address: _____

Email address: _____

Name _____ Ph: _____

Postal address: _____

Email address: _____

The Guardian

Name _____ Ph: _____

Postal address: _____

Email address: _____

The Attorney (under EPOA)

Name _____ Ph: _____

Postal address: _____

Email address: _____

Health Attorney

Name _____ Ph: _____

Postal address: _____

Email address: _____

Nominated Person

Name _____ Ph: _____

Postal address: _____

Email address: _____

The Carer

Name _____ Ph: _____

Postal address: _____

Email address: _____

This information was completed on _____ (date)**Name:** _____**Phone:** _____**Email:** _____