

ACT Health

Mental Health, Justice Health, Alcohol & Drug Services (MHJHADS)

NOMINATED PERSON - APPOINTMENT

Complete details or affix label

URN: _____

Family name: _____

Given names: _____

DOB: _____ Sex: _____

s19. Appointment of Nominated Person under the *Mental Health Act 2015*

Name of person making the nomination: _____

Address: _____

s20. I understand that the role of the nominated person is to:

- ensure my interests are met if I require treatment, care or support for mental disorder or mental illness,
- receive information under the Mental Health Act 2015,
- be consulted about decisions in relation to my treatment, care or support,
- carry out other functions as authorised by me under the Mental Health Act 2015

s22. I understand that I may end this nomination at any time by informing my treating team.

Signature: _____

Date: ____/____/____

s19. I appoint the following person as my Nominated Person under the *Mental Health Act 2015*:

Name: _____

Address: _____

Relationship: _____

As the nominated person, I confirm that I:

- am an adult,
- am able to undertake the functions of a nominated person (as outlined above),
- am readily available,
- agree to the nomination

I understand that I may end this nomination at any time by informing the treating team of my decision and the person making the nomination.

Signature: _____

Date: ____/____/____

The completed form must be included on the person's electronic clinical record



DO NOT WRITE IN THIS BINDING MARGIN

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15156

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