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Complete details or affix label

URN: _____

Family name: _____

Given names: _____

DOB: _____ Gender: _____

ACT Health

Leave whilst in Detention

Forensic Mental Health Orders

Pursuant to the following section of the *Mental Health Act 2015*: (select one)

Application for leave from detention:

The Chief Psychiatrist / Care Coordinator requests the stated person is granted leave pursuant to s119, s103(2)(a),(3)(c):

Application for a grant of leave for a person detained by the ACT Civil and Administrative Tribunal (ACAT) at an approved mental health facility or approved community care facility under a forensic mental health order

Application sent to the ACT Civil and Administrative Tribunal

Signature Print name Designation Date

OR

Notification of leave from detention:

The Chief Psychiatrist / Care Coordinator advises the stated person is granted leave pursuant to s121,s107(2)(d):

Leave for a person detained at an approved mental health facility or approved community care facility under a forensic mental health order if the relevant official has detained the person

Copy of this notice has been provided to:

ACAT the person and if appropriate, the corrections director general N/A

Signature Print name Designation Date

Name of person: _____

Date of birth: ____ / ____ / ____

Residential address: _____

Detained at (approved Mental Health or Community Care facility): _____

Purpose of leave: _____

Period of leave: From: ____ / ____ / ____ To: ____ / ____ / ____

Subject to the following conditions:

- Accepting treatment, care and support
- Enrolling and/or participating in educational rehabilitation, recreational, therapeutic or training programs
- Not using alcohol and/or other drugs
- Undergoing drug testing and/or other medical tests
- The standard of conduct required
- Prohibitions or limits on association with stated people or kinds of people
- Prohibitions or limits on visiting stated places or kinds of places
- Prohibitions or limits on travelling interstate or overseas
- Any other condition: _____

Signature of Chief Psychiatrist or their delegate or the Care Coordinator:

Signature Print name Date

Leave whilst in Detention