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ACT Health

Application for Leave from a Facility

Mental Health Act 2015

Complete details or affix label

URN: _____

Family name: _____

Given names: _____

DOB: _____ Gender: _____

Restriction Order with a Community Care Order

Pursuant to the following section of the *Mental Health Act 2015*:

Application for leave from detention:

The Care Coordinator or delegate, requests the stated person is granted leave pursuant to: 70 (3) application for a grant of leave for a person detained at a stated community care facility under a restriction order

Application to be sent to the ACT Civil and Administrative Tribunal (ACAT)

Name of person: _____

Date of birth: ___ / ___ / _____

Date of order: ___ / ___ / _____

Reference number: _____

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

Purpose of leave: _____

Period of leave: *From:* ___ / ___ / _____ *To:* ___ / ___ / _____

Signature of Care Coordinator or the delegate of the Care Coordinator:

Print name _____ Designation _____ Date ___ / ___ / _____

A copy of this form has been provided to the ACT Civil and Administrative Tribunal

Signature _____ Print name _____ Designation _____ Date _____

Application for Leave from a Facility