

# CHIEF FORENSIC PSYCHIATRIST APPROVED FORM I2A



Rights, Respect, Recovery

## FORENSIC PATIENT LEAVE APPLICATION

(PATIENT NOT SUBJECT TO A RESTRICTION ORDER)  
Mental Health Act 2013  
Sections 81 - 84

THCI: (Patient Id): \_\_\_\_\_

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M  F  TG/IT

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**AFFIX STICKER HERE**

## APPLICATION FOR LEAVE – FORENSIC PATIENT NOT SUBJECT TO A RESTRICTION ORDER

### TREATING MEDICAL PRACTITIONER / PATIENT / PERSON WITH GENUINE INTEREST IN THE PATIENT'S WELFARE TO COMPLETE

*This form is to be used to apply for personal or clinical leave for a forensic patient who is NOT subject to a restriction order.*

*The Chief Forensic Psychiatrist (CFP) (or a delegate) may grant a forensic patient who is not subject to a restriction order leave of absence in Tasmania.*

*This includes an involuntary patient who has been admitted to a secure mental health unit under the Act.*

*Leave may be granted for personal or clinical reasons.*

*Clinical reasons, for granting any patient leave of absence, include facilitating the patient's rehabilitation or reintegration into the community, furthering the patient's treatment, and reasons deemed appropriate by the person authorised to grant the leave.*

*Personal reasons, for granting any patient leave of absence, include visiting a sick or dying relative or close friend, attending the funeral of a relative or close friend, attending a wedding or graduation of a relative or close friend, attending a family occasion of special importance, if the patient is an Aborigine - attending an event of cultural or spiritual significance to Aborigines, attending a special religious event or service, and attending a reunion or commemoration.*

*Leave for clinical reasons may be granted only on the application of the treating medical practitioner.*

*Leave for personal reasons may be granted only on the application of the patient, or a person who, in the opinion of the CFP (or a delegate), has a genuine interest in the patient's welfare.*

*A forensic patient who applies for leave may ask any secure mental health unit staff member for help in making the request and the staff member is to render that help to the best of his or her ability or arrange for another secure mental health unit staff member to render that help.*

Patient's name: \_\_\_\_\_

Type of leave (tick the appropriate box):  Clinical **OR**  Personal

Who is applying for the leave?

The patient **OR**

The patient's treating medical practitioner - Name: \_\_\_\_\_ **OR**

Another person. Name and nature of the person's interest in the patient's welfare: \_\_\_\_\_

Period of leave sought

From: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ (24 hr) To: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ (24 hr) **OR**

A period or periods to be determined by the patient's treating medical practitioner in accordance with the patient's leave schedule dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Leave schedule attached

Reason(s) for the leave:

\_\_\_\_\_

Date and time of application: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ (24 hr)

Is the applicant completing the form?

Yes – applicant to sign here: \_\_\_\_\_

No – members of nursing/medical staff to complete:

We, the undersigned, confirm that the applicant named above has applied for Leave of Absence for the patient named above:

Doctor/Nurse Name/Payroll/ID Number 1: \_\_\_\_\_ Signature: \_\_\_\_\_

Doctor/Nurse Name/Payroll/ID Number 2: \_\_\_\_\_ Signature: \_\_\_\_\_

**COPY TO:**  If the patient is NOT subject to a Treatment Order – the Secretary, Corrections  If the patient is a prisoner or detainee under the Corrections Act 1997 – the Director of Corrective Services  If the patient is a youth detainee – the Secretary, Youth Justice  If the patient is NOT subject to a Treatment Order - other person(s) who, in the Chief Forensic Psychiatrist's opinion, should be notified

**OTHER:**  If the patient is the applicant and help has been sought in making this application – the patient has been given the help sought

**CONTACT DETAILS: MHT:** Phone: (03) 6165 7491 Email: [mht.applications@justice.tas.gov.au](mailto:mht.applications@justice.tas.gov.au)

**CFP:** Phone: (03) 6166 0781 Fax: (03) 6230 7739 Email: [chief.psychiatrist@dhhs.tas.gov.au](mailto:chief.psychiatrist@dhhs.tas.gov.au)

**Secretary, Corrections:** Phone: (03) 6165 7527 Fax: (03) 6233 5031 Email: [victims@justice.tas.gov.au](mailto:victims@justice.tas.gov.au)

**Director of Corrective Services:** Phone: (03) 6216 8183 Fax: (03) 6165 7371 [Executive.Support@justice.tas.gov.au](mailto:Executive.Support@justice.tas.gov.au)

**Secretary (Youth Justice):** Phone: (03) 6362 2311 [ginna.webster@dhhs.tas.gov.au](mailto:ginna.webster@dhhs.tas.gov.au)