



NOMINATION FORM APPROVAL AS A MENTAL HEALTH OFFICER

Mental Health Act 2013 section 139

WHO SHOULD COMPLETE THIS FORM?

This form should be completed by anyone who is seeking approval as a Mental Health Officer under the *Mental Health Act 2013*.

Approval is limited to people who have skills, qualifications or experience relevant to the responsibilities of Mental Health Officers under relevant provisions of the Act.

Before completing this form you should:

- Complete the Mental Health Officer (Mental Health Act 2013) Online Competency Training Package, available here theo.dhhs.tas.gov.au/course/view.php?id=209
- Become familiar with the *Mental Health Act 2013*, which can be found here www.legislation.tas.gov.au
- Become familiar with the Chief Psychiatrist Standing Orders and Clinical Guidelines, which can be found here www.dhhs.tas.gov.au/mentalhealth/mental_health_act/mental_health_act_2013_new_mental_health_act/clinical_guidelines_and_standing_orders

You will need to get approval for your nomination from your Team Leader.

If you are an employee of Ambulance Tasmania you will need to seek approval from the Chief Executive – Ambulance Tasmania.

If you are a police officer you will need to seek approval from the Commissioner of Police.

YOUR DETAILS

Name: _____
Position: _____
Identify Card / Badge Number: _____ Payroll Number: _____
Agency/Unit: _____
Work Address: _____
Work Phone: _____ Work Email: _____

NOMINATION

I confirm that I am familiar with the *Mental Health Act 2013* and with relevant Chief Psychiatrists Standing Orders and Clinical Guidelines and seek approval as a Mental Health Officer for the purposes of the *Mental Health Act*.

I have attached a Mental Health Officer Training Package Certificate of Completion.

I have attached a photograph in JPG format for Mental Health Officer ID card

I have also attached the following documentation in support of my nomination:

- Evidence of AHPRA registration **OR** Evidence of qualification
- My curriculum vitae **OR** A document summarising my experience in mental health and/or related settings (1 – 2 paragraphs)

Signed: _____ Date: / /

OFFICE OF THE CHIEF PSYCHIATRIST



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TEAM LEADER ENDORSEMENT

I endorse the nominee's approval as a Mental Health Officer for the purposes of the *Mental Health Act 2013*.

I have worked with the applicant for _____ years _____ months and consider the nominee to be competent to perform the functions of a Mental Health Officer under the *Mental Health Act 2013*.

Name: _____ Position: _____

Signature _____ Date: / /

CHIEF EXECUTIVE – AMBULANCE SERVICE / COMMISSIONER OF POLICE CONSENT

(to be completed by ambulance officers or police officers only)

I consent to the nominee's approval as a Mental Health Officer for the purposes of the *Mental Health Act 2013*.

Name: _____ Position: _____

Signature _____ Date: / /

WHAT HAPPENS NEXT?

Please send your nomination to:

Office of the Chief Psychiatrist
Mental Health, Alcohol and Drug Directorate
Department of Health
GPO Box 125
HOBART TAS 7001
Email: chief.psychiatrist@health.tas.gov.au

We will check your nomination to make sure that it has been correctly completed and that you have included all of the information that we need to be able to process it.

We will let you know the outcome of your nomination as soon as possible.

If you have any questions about the progress of your nomination please phone us on 03 6166 0778 or email chief.psychiatrist@health.tas.gov.au