



REQUEST FORM: APPROVAL AS A NURSE ON THE BASIS OF EXPERIENCE

Mental Health Act 2013 section 138

WHO SHOULD COMPLETE THIS FORM?

Approved nurses have responsibility under the *Mental Health Act 2013* for authorising seclusion and physical restraint of adult involuntary and forensic patients. Approved nurses may also have a role in examining patients who are secluded or restrained at regular intervals, to see if the seclusion or restraint should continue to be terminated.

To be approved as a nurse, a person must be a registered nurse who is **qualified** or **experienced** in the treatment or care of persons with mental illness.

Information about approval on the basis of **qualification** can be found here:

https://www.dhhs.tas.gov.au/mentalhealth/chief_psychiatrist/statutory_appointments/approved_nurses

Requests for approval on the basis of **experience** will be considered by the Chief Civil Psychiatrist or Chief Forensic Psychiatrist (as relevant) on a case by case basis. Requests for approval on the basis of experience will only be considered for registered nurses:

- Who have successfully completed the Approved Nurse (Mental Health Act 2013) Online Competency Package, available here <https://theo.dhhs.tas.gov.au/course/view.php?id=214>, and
- Who are familiar with the *Mental Health Act 2013*, which can be accessed here <http://www.legislation.tas.gov.au>, and
- Who are familiar with the Chief Psychiatrists Standing Orders and Clinical Guidelines, which can be found here http://www.dhhs.tas.gov.au/mentalhealth/mental_health_act/mental_health_act_2013_new_mental_health_act/clinical_guidelines_and_standing_orders, and
- Who have at least 12 months' experience in the treatment or care of persons with mental illness.

APPLICANT DETAILS

Name: _____

Position: _____

Identify Card Number: _____ Payroll Number: _____

Agency/Unit: _____

Work Address: _____

Work Phone: _____ Work Email: _____

REQUEST FOR APPROVAL

I confirm that I am familiar with the *Mental Health Act 2013* and with the Chief Psychiatrists Standing Orders and Clinical Guidelines. I have attached the following documentation in support of my request for approval:

- Approved Nurse Training Package Certificate of Completion
- Evidence of registration as a nurse
- Curriculum Vitae or Certificate/letter of service

I confirm that I am experienced in the treatment and/or care of persons with mental illness, and hereby seek approval as a nurse for the purposes of (*tick as relevant*):

- Sections 56, 57 and 58 of the Act (seclusion and physical restraint of adult involuntary patients)
- Sections 94, 95 and 96 of the Act (seclusion and physical restraint of adult forensic patients)

Signed: _____ Date: / /



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PEER ENDORSEMENT

ENDORSEMENT 1 – GRADE 4 REGISTERED NURSE (DIV 1) OR ABOVE WHO IS AN APPROVED NURSE

I endorse the applicant's request for approval as a nurse under section 138 of the *Mental Health Act 2013*.

I have worked with the applicant for ____ years ____ months and consider that the applicant is competent to perform the functions of an approved nurse under the *Mental Health Act 2013*.

In particular, I consider that the applicant is competent in the following:

- Mental State Examination
- De-escalation skills
- Risk Assessment
- Documentation requirements associated with seclusion and restraint
- Knowledge and understanding of the Chief Psychiatrists standing orders and clinical guidelines regarding seclusion and restraint
- Knowledge and understanding of PRN medication used in a psychiatric emergency

Signature _____

Name: _____

Position: _____

Grade: _____

Unit: _____

Date: / /

ENDORSEMENT 2 – GRADE 3 REGISTERED NURSE (DIV 1) OR ABOVE WHO IS AN APPROVED NURSE

I endorse the applicant's request for approval as a nurse under section 138 of the *Mental Health Act 2013*.

I have worked with the applicant for ____ years ____ months and consider that the applicant is competent to perform the functions of an approved nurse under the *Mental Health Act 2013*.

In particular, I consider that the applicant is competent in the following:

- Mental State Examination
- De-escalation skills
- Risk Assessment
- Documentation requirements associated with seclusion and restraint
- Knowledge and understanding of the Chief Psychiatrists standing orders and clinical guidelines regarding seclusion and restraint
- Knowledge and understanding of PRN medication used in a psychiatric emergency

Signature _____

Name: _____

Position: _____

Grade: _____

Unit: _____

Date: / /



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WHAT HAPPENS NEXT?

Please send this COMPLETED form, and the above listed documentation, 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

Once your nomination is received it will be checked to make sure that it has been correctly completed and that all necessary information has been provided.

The nomination will then be considered by the Chief Civil Psychiatrist or Chief Forensic Psychiatrist (as relevant).

You will be advised of the outcome of your nomination as soon as is practicable in the circumstances.

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