

OFFICE OF THE CHIEF PSYCHIATRIST



NOMINATION FORM APPROVAL AS A MEDICAL PRACTITIONER

Mental Health Act 2013 section 138

WHO SHOULD COMPLETE THIS FORM?

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

Approval is limited to:

- Medical practitioners who are Fellows of the Royal Australian and New Zealand College of Psychiatrists **OR**
- Medical practitioners who hold specialist registration in the specialty of psychiatry **OR**
- Medical practitioners who hold limited registration that enables the practitioner to practise in the specialty of psychiatry **OR**
- Medical practitioners who are neither Fellows, nor holders of specialist registration but who are otherwise qualified or experienced in the diagnosis or treatment of mental illness

Before completing this form you should:

- Completed the Approved Medical Practitioner Training Package, available here theo.dhhs.tas.gov.au/course/view.php?id=208
- Become familiar with the *Mental Health Act 2013*, which can be accessed 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

YOUR DETAILS

Name: _____
Position: _____
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 Psychiatrist Standing Orders and Clinical Guidelines and seek approval as a medical practitioner for the purposes of the *Mental Health Act*.

I have attached an Approved Medical Practitioner Training Package Certificate of Completion.

I have also attached the following documentation in support of my request for approval (*tick one*):

- Evidence of registration as a medical practitioner showing registration in the speciality of psychiatry and my curriculum vitae **OR**
- Evidence of registration as a medical practitioner, evidence of Fellowship of the RANZCP and my curriculum vitae **OR**
- Evidence of registration as a medical practitioner, evidence of qualification in the diagnosis/treatment of mental illness and my curriculum vitae **OR**
- Evidence of registration as a medical practitioner and my curriculum vitae showing experience in the diagnosis or treatment of mental illness.

Signed: _____ Date: / /

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ENDORSEMENT (TO BE COMPLETED BY THE APPLICANT'S HEAD OF DEPARTMENT/DIRECTOR)

I endorse _____'s (*insert nominee's name*) request for approval as a medical practitioner for the purposes of the *Mental Health Act 2013*, under section 138 of that Act.

I have worked with the nominee named above for _____ years _____ months and consider that the applicant is competent to perform the functions of an approved medical practitioner under the *Mental Health Act 2013*.

Signature _____ Date: / /

Name: _____ Position: _____

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