

**MHT 5 - Application for Leave of Absence for Forensic Patients**

s 78 &amp; 79

**1 The patient** *(Complete or alternatively, if patient label available, please affix)*

Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ P/code \_\_\_\_\_

DOB \_\_\_\_\_ Gender  Male  Female

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

Facility \_\_\_\_\_ Patient ID \_\_\_\_\_

Patient Representative/Support Person:

Name \_\_\_\_\_

If the patient representative is not known, please check this box **2 Application Type**Application  Variation  Extension  Cancellation **3 The Applicant**

Applicant's name \_\_\_\_\_

Leave for clinical reasons Leave for personal reasons *The following details are to be provided if the applicant is not the CFP or Patient*

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post

code \_\_\_\_\_

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

Relationship to patient \_\_\_\_\_

AFFIX PATIENTS DETAILS STICKER  
HERE

**4 Leave Sought**

**Purpose of leave sought**

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**Period of leave sought:**

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Proposed Start Date

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Proposed End Date

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**Conditions of Leave:**

Leave conditions sought (*for example: escort requirements and/or urine testing for use of illicit drugs*):

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Signed by the Applicant

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Date

Print name

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This application should be either posted to the Tribunal at the address below or sent via email to [mht.applications@justice.tas.gov.au](mailto:mht.applications@justice.tas.gov.au)

The Registrar  
Mental Health Tribunal  
GPO Box 143  
HOBART TAS 7001

Attached are copies of:

- Summary of leave
- Leave Schedule
- Signed Approval Letter from Chief Forensic Psychiatrist