

CHIEF FORENSIC PSYCHIATRIST APPROVED FORM I2A

TASMANIA'S MENTAL HEALTH ACT

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: _____ Mob: _____

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 forensic
patients who are NOT
subject to restriction
orders.*

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

*Clinical reasons include
facilitating the patient's
rehabilitation or reintegration
into the community, furthering
the patient's treatment and
other reasons deemed
appropriate by the approved
medical practitioner deciding
whether or not grant the
patient leave.*

*Personal reasons 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, attending a
special religious event or
service, and attending a
reunion or commemoration.*

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

*Leave for personal reasons
may only be granted on the
application of the patient, or a
person who, in the opinion of
the approved medical
practitioner deciding whether
or not to grant the patient
leave, has a genuine interest
in the patient's welfare.*

Patient's name: _____

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

Who is applying for the leave?

☐ The patient **OR**

☐ Another person. Name and relationship to the patient: _____

Period of leave sought:

☐ **From:** Date: ____/____/____ Time: ____:____ (24 hr)

To: Date: ____/____/____ Time: ____:____ (24 hr)

OR

☐ A period or periods of leave 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)

Applicant's 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

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

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

Director of Corrective Services: Phone: (03) 6216 8183 Fax: (03) 6165 7371

Email: Executive.Support@justice.tas.gov.au

Secretary (Youth Justice): Phone: (03) 6362 2311 Fax: (03) 6362 2217 Email: bill.smith@dhhs.tas.gov.au