

Mental Health Act 2016

Nominated support persons

Guide and form for appointing
a nominated support person



Guide to appointing a nominated support person

Nominated support persons

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Purpose of the guide

This guide provides information about appointing a nominated support person under the *Mental Health Act 2016*.

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At the end of the guide is the form for appointing a nominated support person and instructions on how to complete it.

For assistance in completing the form, please speak to an Independent Patient Rights Adviser in a public mental health service or a staff member at any mental health service.

Benefits of having a nominated support person

If you become an involuntary patient under the *Mental Health Act 2016* your nominated support person can assist you by:

- receiving all notices that are required to be given to you under the Act
- discussing confidential information about your treatment and care with your treating team
- supporting you, or representing you, at hearings of the Mental Health Review Tribunal
- requesting a psychiatrist report if you were to be charged with a serious offence.

You may appoint one or two nominated support persons.

For an appointment of a nominated support person to be effective, you must understand the decision you are making at the time, and be able to communicate that decision. Under the *Mental Health Act 2016*, persons are presumed to understand the making of such decisions.



How to complete the form for appointing a nominated support person

Section 1

Personal details

Fill out your personal details in this section.

It is recommended that you use your name as it appears on an official document, such as a birth certificate or driver's licence.

Section 2

Appointing a nominated support person

You may appoint one or two nominated support persons by completing this section.

The person needs to accept the appointment in this section.

Section 3

Signature and witness

You must sign this section

A person who is not your nominated support person must witness you signing the appointment. The witness must certify that you understand the nature of the appointment.

The witness must not be a nominated support person.

Once you have completed your nominated support person appointment form

You should give a copy of your *Nominated support person appointment form* to a staff member of a mental health service. Staff from the service will record your appointment on the statewide consumer information system, so any doctor can locate your nominated support person if you are admitted to a mental health service at a future time.



You may appoint one or two nominated support persons.

Section 1

Personal details

Person making appointment

Title	Given name	Family name
Date of birth	Street address	Suburb
/	/	
Postcode	Contact number	Email

Section 2

Appointment of nominated support person/s

Nominated support person 1

I appoint the following person as my nominated support person.

Title	Given name	Family name
Date of birth	Street address	Suburb
/	/	
Postcode	Contact number	Email

Person must accept appointment here

I accept the appointment as nominated support person.

Signature

Name

Date

/

/

Nominated support person 2

I appoint the following person as my nominated support person.

Title	Given name	Family name
Date of birth / /	Street address	Suburb
Postcode	Contact number	Email

Person must accept appointment here

I accept the appointment as nominated support person.

Signature

Name

Date

/ /

Section 3

Signature of the person making the appointment

You must sign this form in the presence of a witness

If you wish for your form to be kept in the state-wide record system, please mark the box (right).

I request that details of my nominated support person/s be kept in my health records on the state-wide record system.

Signature

Name

Date

/ /

Witness certification

Witness must not be a nominated support person

In my opinion, the person appointing the nominated support person/s appears to understand the nature and effect of the appointment, and is able to make and communicate the appointment.

Witness name

Address

Suburb

Postcode

Witness signature

Date

/ /