

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*.

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.

To view a video on the *Rights of family, carers and support people (Mental Health Act 2016)*, please scan this QR Code:



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 be able to:

- understand the nature and effect of your decision
- freely and voluntarily make the decision
- communicate the 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

The witness certifies that you understand the nature and effect of the appointment. Witness certification is encouraged, but is not required under the *Mental Health Act 2016*.

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.



Section 1 Personal details

Person making appointment

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

Are you of Aboriginal or Torres Strait Islander origin?

- No Yes, Aboriginal Yes, Torres Strait Yes, both Aboriginal and Torres Strait Islander

You may appoint one or two nominated support persons.

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

[Signature box]

Name

Relationship to person making the appointment

For example: partner, sibling, parent or friend

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

Relationship to person making the appointment

For example: partner, sibling, parent or friend

Date

/ /

Section 3 Signature of the person making the appointment

If you are unable to sign the form, you can ask a clinician or staff member to write your name in the signature box with a note stating that you wish to appoint a nominated support person and are unable to physically sign the form yourself.

Signature

Name

Date

/ /

Witness certification (optional)

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 freely and voluntarily make and communicate the appointment.

Witness name

Address

Suburb

Post code

Witness signature

Date

/ /



