



# REQUEST FORM APPROVAL AS A MEDICAL PRACTITIONER

*Mental Health Act 2013 section 138*

## WHO SHOULD COMPLETE THIS FORM?

Approved medical practitioners have responsibility under the *Mental Health Act 2013* for a range of matters including independently affirming Assessment Orders, applying for Treatment Orders, granting leave to involuntary patients and applying for urgent circumstances treatment.

To be approved as a medical practitioner under the Act, a person must be **ONE** of the following:

- A medical practitioner who is a Fellow of the Royal Australian and New Zealand College of Psychiatrists **OR**
- A medical practitioner who holds specialist registration in the specialty of psychiatry **OR**
- A medical practitioner who holds limited registration that enables the medical practitioner to practise in the specialty of psychiatry **OR**
- A medical practitioner who is neither a Fellow nor a holder of specialist registration but who is otherwise qualified or experienced in the diagnosis or treatment of mental illness

Approval is granted by the Chief Civil Psychiatrist or the Chief Forensic Psychiatrist (as relevant).

Approval will only be granted to medical practitioners who:

- Have successfully completed the Approved Medical Practitioner Training Package, available here <https://theo.dhhs.tas.gov.au/course/view.php?id=208>, and
- Are familiar with the *Mental Health Act 2013*, which can be accessed here <http://www.thelaw.tas.gov.au>, and
- Are familiar with the Chief Psychiatrists Standing Orders and Clinical Guidelines, which can be found here [http://www.dhhs.tas.gov.au/mentalhealth/mental\\_health\\_act/mental\\_health\\_act\\_2013\\_new\\_mental\\_health\\_act/clinical\\_guidelines\\_and\\_standing\\_orders](http://www.dhhs.tas.gov.au/mentalhealth/mental_health_act/mental_health_act_2013_new_mental_health_act/clinical_guidelines_and_standing_orders)

## APPLICANT 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 Psychiatrists Standing Orders and Clinical Guidelines. I have attached an Approved Medical Practitioner Training Package Certificate of Completion and the following documentation in support of my request for approval:

- 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.

I hereby seek approval as a medical practitioner for the purposes of the Act.

Signed: \_\_\_\_\_ Date: / /

## OFFICE OF THE CHIEF PSYCHIATRIST



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## ENDORSEMENT (TO BE COMPLETED BY THE APPLICANT'S CLINICAL DIRECTOR/DIRECTOR)

I endorse the applicant's 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 applicant for \_\_\_\_\_ years \_\_\_\_\_ months and consider that the applicant is competent to perform the functions of a medical practitioner under the *Mental Health Act 2013*.

Signature \_\_\_\_\_ Date:     /     /

Name: \_\_\_\_\_ Position: \_\_\_\_\_

## WHAT HAPPENS NEXT?

Please send this COMPLETED form, and the above listed documentation, to:

Mental Health Act Team  
Mental Health, Alcohol and Drug Directorate  
GPO Box 125  
HOBART TAS 7001  
Email: [mhact@dhhs.tas.gov.au](mailto:mhact@dhhs.tas.gov.au)

Once your nomination is received it will be checked to make sure that it has been correctly completed and that all necessary information has been provided.

The nomination will then be considered by the Chief Civil Psychiatrist or Chief Forensic Psychiatrist (as relevant).

You will be advised of the outcome of your nomination as soon as is practicable in the circumstances.

If you have any questions about the progress of your nomination please phone 03 6166 0784 or email [mhact@dhhs.tas.gov.au](mailto:mhact@dhhs.tas.gov.au)