

## PART B - APPLICATION FOR EXAMINATION AUTHORITY

The following persons may apply to the Mental Health Review Tribunal for an Examination Authority (*Mental Health Act 2016 (Qld), section 502*):

- the administrator of an Authorised Mental Health Service
- a person authorised in writing by the administrator of an Authorised Mental Health Service
- a person who has received advice from a doctor or Authorised Mental Health Practitioner about the clinical matters for the person who is the subject of the application

The approved form for the application of an Examination Authority must include a statement by a doctor or an Authorised Mental Health Practitioner about whether the behaviour of the person, or other relevant factors, could reasonably be considered to satisfy the requirements under section 504(2) for making an examination authority for the person.

### Doctor or Authorised Mental Health Practitioner's details

Name:

Address:

Phone number:

Please indicate **ONE** of the following:

**I am an Authorised Mental Health Practitioner or Doctor**

→ Name of Authorised Mental Health Service:

**I am a Doctor from a private organisation**

→ Name of Medical Practice:

### Applicant's details

Name:

Phone number:

### Person's details (the person proposed to be examined)

Name:

Date of Birth (if known):

Does the Person require an interpreter?

Yes

No

Does the Applicant require an interpreter?

Yes

No

What AMHS catchment would be responsible for the person, should an Examination Authority be made?

**I am a Doctor / Authorised Mental Health Practitioner and am of the opinion that the person's behaviour, or other relevant factors, can reasonably be considered to satisfy the requirements under section 504(2) Mental Health Act 2016**

*Please explain WHY, from what you have been told by the applicant, is it likely or possible that the person to be examined meets the requirements under section 504(2)?*

**The requirements under section 504(2) are:**

- ***The person has or may have a mental illness;***
- ***The person does or may not have the capacity to consent to be assessed for a mental illness;***
- ***Reasonable attempts have been made to encourage the person to be assessed voluntarily for the person's mental illness or it is not practical to attempt to encourage the person to be assessed voluntarily for a mental illness;***
- ***There is , or maybe, an imminent risk, because of the person's mental illness or suspected mental illness, of serious harm to the person or someone else or, the person suffering serious mental or physical deterioration.***

***Explain what reported symptoms and behaviours led to your conclusions.***

**What attempts have been made to encourage the person (to be examined) to be assessed voluntarily for their possible mental illness? If it is not practical to attempt to encourage the person to be assessed, please explain why.**

*Complete this section based on information from the applicant and attempts made by any relevant AMHS.*

**In your opinion, what are the options available for this person's assessment?**

**In your opinion, how might the person (to be examined) be encouraged to seek voluntary assessment and care?**

**ADDITIONAL SPACE (if required)**

***Declaration:***

I have spoken to the applicant and provided the above written advice based on my professional expertise and experience. I understand I may be contacted to verify that I made the above statement after consultation / discussion with the applicant.

I am of the opinion that the behaviour of the person, or other relevant factors, could reasonably be considered to satisfy the requirements of section 504(2) for making an examination authority.

Yes

No

Name

Date

Signature:

**PLEASE PRINT, SIGN AND SEND TO:**

**Mental Health Review Tribunal**

**[enquiry@mhrt.qld.gov.au](mailto:enquiry@mhrt.qld.gov.au)**

or

**PO Box 15818,**

**Brisbane City East 4002**

Office  
Level 16, 53 Albert St  
Brisbane 4000

Postal  
PO Box 15818  
Brisbane City East

Phone  
07 3235 9059

Fax  
07 3234 1540

Free Call  
1800 00 6478