**Request to Observe**

*Mental Health Act 2016*

*Section 741(4)*

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| **A person (an observer) may attend a hearing that is not open to the public under this section to observe the hearing if:**   1. **The President gives approval for the observer’s attendance at the hearing; and** 2. **The person who is the subject of the hearing has agreed to the observer’s attendance** | | |
| **Applicant’s Details** | | |
| Given name/s: Click or tap here to enter text. | Family name: Click or tap here to enter text. | |
| Address: Click or tap here to enter text. | | |
| Town/suburb: Click or tap here to enter text. | State: Click or tap here to enter text. | Postcode: Click or tap here to enter text. |
| Phone No.: Click or tap here to enter text. | | |
| Email: Click or tap here to enter text. | | |
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| **Application**  **I am applying to the Mental Health Review Tribunal to observe:**  a full day of hearings  a half day of hearings  a particular hearing (please specify)  Patient Name, Type of Hearing and venue if known: Click or tap here to enter text.  Preferred Date of Hearing: Day / Month / Year  **Please note, requests must be received at least 10 working days prior to the hearing date. Requests received outside this timeframe may NOT be considered.** | | |
| **Reasons for observing a hearing**  *State your occupation and relevance of observing a hearing. If you are a student, what are you studying and how does it relate to mental health? How will you apply knowledge gained? When will you apply knowledge or skills obtained from attending the hearing? Ideally any knowledge and skills gained should be applied within the next six months. Is there a benefit to the Tribunal for you observing?* | | |
| Click or tap here to enter text. | | |

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| **Specific Learning Objectives / Expected Learning Outcomes**  *Your learning objectives and expected learning outcomes must be specific and not broad in nature. They should be consistent with, and/or further, the main objects of the Act, as defined in s3, and the Principles for Administration set out in s5-6 of the Act.* |
| Click or tap here to enter text. |

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| **Rules of Conduct during proceedings**   1. Do not discuss the hearing with the patient. (Treating team members excepted). 2. Do not bring mobile phones, cameras or recording devices into the hearing room. 3. Do not take notes of the Tribunal proceedings during the hearing unless the President gives specific permission to do so. 4. You must remain unobtrusive throughout the hearing including sitting back from proceedings. An observer must not speak or communicate in any way with anyone else while in the hearing room. 5. Observe all instructions given by Tribunal members.   **Conditions of Attendance**  While observing a hearing/s, I undertake to abide by the rules of conduct above and any condition/s imposed by the President of the Tribunal.  I understand that if I breach any of these rules or conditions I may be excluded from the hearing/s and any future hearings and I may be prosecuted for contempt of Tribunal.  I accept that my attendance at any given hearing is subject to the President’s consent, the patient’s consent and the Tribunal’s discretion. I understand that if any of these are lacking, I will not be allowed to observe a hearing. I accept I will only find out just before the hearing if I can observe.  I acknowledge and accept the rules and conditions of observing Mental Health Review Tribunal Hearings  **Confidentiality Agreement**  As an observer of a Mental Health Review Tribunal hearing, I understand I will have access to sensitive information about another person’s mental health and other personal affairs.  I am aware that in accordance with s 790 of the *Mental Health Act 2016*, I must not publish a report of a proceeding or part of a proceeding of the Tribunal, without the leave of the Tribunal and that s 790 applies penalties if this section is breached.    I acknowledge and accept that I am bound by a strict duty of confidentiality regarding any information I obtain from the process of requesting to observe a hearing/s and the observation of the hearing itself. I undertake to maintain the patient’s right to strict confidentiality and will not disclose any of the information I obtain from this process and observation to anyone else, unless authorised to do so by law. |

**Acknowledgment**

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| **Applicant Signature** | **Print name** |
| **Date** |

**Thank you for completing this Request. Please return it to the Tribunal by one of the following methods:**

**Email to:** enquiry@mhrt.qld.gov.au

**Post to:** MHRT, PO Box 15818, City East, Brisbane, QLD, 4002

**Fax to:** (07) 3234 1540