

**Mental Health and Wellbeing Act 2022
(Sections 601 & 602)**

**MHWA 171
Application for transfer to interstate
mental health facility**

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Mental Health Statewide UR Number

Local Patient Identifier

FAMILY NAME

GIVEN NAMES

DATE OF BIRTH

SEX

GENDER

Place patient identification label above

Instructions to complete this form

- This form is to be used when it is proposed to transfer a patient to an interstate mental health facility **without consent**.
- This form must be completed by an authorised psychiatrist or delegate or the Chief Psychiatrist or delegate.

GIVEN NAMES

FAMILY NAME (BLOCK LETTERS)

at patient of:

who is subject to:

- Inpatient Temporary Treatment Order
- Inpatient Treatment Order

(please cross one option only)

Designated Mental Health Service

- Community Temporary Treatment Order
- Community Treatment Order

To the Mental Health Tribunal

1. I am:

- the Authorised Psychiatrist or delegate of the Designated Mental Health Service
- the Chief Psychiatrist or delegate.

(please cross one option only)

2. I apply to the Tribunal for:

- an interstate transfer of treatment order to transfer responsibility for treatment of the person to the following interstate mental health facility (for persons subject to a Community Temporary Treatment Order or a Community Treatment Order); or
- an interstate transfer order for the person to be taken to the following interstate mental health facility (for persons subject to an Inpatient Temporary Treatment Order or an Inpatient Treatment Order).

(please cross one option only)

name of receiving interstate mental health facility

address of receiving interstate mental health facility

3. I am satisfied that the transfer is necessary for the person's treatment.

4. The person:

- does not have capacity to give informed consent to the transfer; or
- does not consent to the transfer.

(please cross one option only)

5. The transfer is permitted by or under a corresponding law.

6. The interstate authority for the interstate mental health facility agrees to the transfer. I have attached a copy of a signed **Interstate Transfer Request**.

Signature:

signature of Authorised Psychiatrist or delegate / Chief Psychiatrist or delegate

Date:

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Given Names:

Family Name:

Business Address:

Telephone:

Next steps

After completing this form:

- **attach** a copy of the Mental Health Tribunal's **MHT 32 – Compulsory notifications** form
- **attach** a copy of an **Interstate Transfer Request** signed by the relevant interstate authority
- **send** copies of this MHWA 171 – Application for transfer to interstate mental health facility, the Interstate Transfer Request and the MHT 32 – Compulsory Notifications to the Mental Health Tribunal:
 - Email: mht@mht.vic.gov.au; or
 - Fax: 9032 3223
- **explain** to the patient that you have made this application and that the Tribunal will invite them to a Tribunal hearing. Offer the patient support to prepare for their Tribunal hearing.
- **prepare** a hearing report and other supporting information to be presented at the hearing.
- **give** a copy of the hearing report and any supporting information to the patient and the Tribunal patient at least 2 business days before the hearing.
- **get** more information about making an application and guidance for preparing the relevant hearing report from the Mental Health Tribunal's website at www.mht.vic.gov.au or by calling the Tribunal on 9032 3200.



MHWA 171

ROLLS AUSTRALIA 1300 600 192

JULY
2023

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