

Nominated Support Person resignation form

Use this form to resign from being a Nominated Support Person

Help with this form

For help in your language contact the Translating and Interpreting Service on 131 450.

You can contact Independent Mental Health Advocacy (IMHA) for help with this form or for information about your role as a Nominated Support Person.

- Call 1300 947 820, 9.30am to 4.30pm, seven days a week
- Email IMHAcontact@imha.vic.gov.au
- Visit our website www.imha.vic.gov.au

You don't have to use this form and can create your own, but you must include certain details. To find out more, visit the IMHA website www.imha.vic.gov.au and look at the:

- IMHA Nominated Support Person video.
- IMHA Guide to Nominated Support Person document.

What is a Nominated Support Person?

A person can appoint a Nominated Support Person at any time under the Mental Health and Wellbeing Act 2022 (the Act).

A Nominated Support Person is someone that a person receiving compulsory treatment formally chooses to support and advocate for them.

As a Nominated Support Person, you must advocate for what the person says they want, not what you want. The mental health and wellbeing service provider must try to help you support the person and inform you about their treatment.

If you are a Nominated Support Person and you no longer want to have this role, you can use this form to resign.

When you resign as a Nominated Support Person:

- If the person is currently receiving compulsory treatment under the Act, you must tell their psychiatrist that you are resigning. If you are not sure who this is, you should ask the person you are a Nominated Support Person for.
- You must take reasonable (fair and sensible) steps to tell the person you are the Nominated Support Person for that you have resigned.

About this form

- When you fill in the form, give it to the person's mental health and wellbeing service provider. They will put a copy in the person's clinical file and record it in the hospital's electronic medical record system.

To receive this document in another format email mhwa@health.vic.gov.au

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Available at [Nominated support persons](https://www.health.vic.gov.au/mental-health-and-wellbeing-act-handbook/supported-decision-making/nominated-support-persons) <<https://www.health.vic.gov.au/mental-health-and-wellbeing-act-handbook/supported-decision-making/nominated-support-persons>>



NSP3

Mental Health and Wellbeing Act 2022
Sections 66

NSP 3

Nominated Support Person Resignation

Local Patient Identifier																				
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FAMILY NAME	
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GIVEN NAMES	
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DATE OF BIRTH	SEX	GENDER
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Mental Health Statewide UR Number	
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Place patient identification label above FOR OFFICE USE
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Nominated Support Person resignation

Your information

Your full name:		Phone:	
Address:			
Email:			

I am the Nominated Support Person for:

Person's name:		Person's Date of Birth: (if known)	
Person's phone number: (if known)			
Person's address: (if known)			

I resign from the role of Nominated Support Person.

Signed (you): _____

Date: _____

Time: _____

ROLLS AUSTRALIA 1300 000 192

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