



REQUEST TO OBSERVE HEARINGS



Name			
Address			
Position/ occupation			
Employer/ place of study			
I request to observe a Mental Health Tribunal hearing. The reason I seek to be an observer is:			
I request to observe the following hearings:			
Date of hearing			
Hearing venue			
I have read and understood Practice Note 7 and have undertaken the steps outlined in the Practice Note. I understand that even though I have complied with each step in Practice Note 7, the patient's views and preferences are the Tribunal's primary consideration.			
I have read and understood the secrecy provisions contained in sections 194 and 346 of the <i>Mental Health Act 2014</i> . I have taken note of the penalties that apply pursuant to those sections.			
In the event that section 346 does not apply to me, I undertake not to publish or cause to be published any report of the Tribunal hearing that may contain any particulars that may lead to the identification of the person who is subject of the proceeding or any other person concerned in the proceedings.			
Signed		Date	

****Please hand this completed form to the Tribunal members at the hearing.**

Tribunal member use only: (tick as applicable and list relevant patients)	
	Patient names and state-wide UR numbers:
<input type="checkbox"/> Patient did not attend hearing and the Tribunal consented to the observer	
<input type="checkbox"/> Patient gave consent (at the hearing) to the attendance of the observer	
TRIBUNAL MEMBERS TO RETURN COMPLETED FORM IN RED COURIER BAG	
Registry use: upload to CMS with determination for the above patients	