

Tribiwnlys Adolygu
Iechyd Meddwl Cymru

Mental Health Review
Tribunal for Wales

Application Form
Subject to a Section of the Mental Health Act 1983

It is important that you read our guidance booklet **How to apply to the Tribunal (MHRTW-06)** before filling in this form.

If printed, please write clearly in **BLACK** ink.

Please complete this form as far as you are able. If you require assistance, please ask the ward staff, your advocate, social worker, care co-ordinator or legal representative. This application form is also available in Welsh.

The Mental Health Review Tribunal for Wales welcomes receiving correspondence in Welsh or English. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding. The Tribunal also welcomes phone calls in Welsh or English. You may submit forms, documents and make written representations to the tribunal in Welsh or English and your hearing can be held in Welsh if you wish.

Please put a tick in the appropriate box to confirm your language of choice.

Welsh **English**

Section 1 – Your Information

Title: **Surname:** **First names:**

Date of Birth:

Section or Order of the Mental Health Act to which you are subject:

Date the Section/Order commenced:

Hospital / Current Address (including postcode):

Ward Name:

Name of Responsible Clinician:

Section 2 – Information about your Legal Representative

You do not have to have a legal representative, but if you do, please provide their details below:

Title: **Surname:** **First Names:**

Address (including postcode):

Telephone:

Email address:

I do not want to be legally represented:

I wish to be legally represented, please send a list of mental health solicitors:

Section 3 – Tribunal Hearing Preferences

How would you prefer to have your tribunal hearing conducted? (Please tick)

In person

By video

No preference

Whilst the Tribunal will attempt to arrange hearings in accordance with your preference, this cannot always be guaranteed.

Section 4 – Your signature

This application must be signed by you (or someone you have authorised to sign on your behalf)

Signed
Print Name
Date

If you are signing on behalf of the applicant named in Section 1, please confirm they have authorised you to do so and confirm your relationship to them.

I confirm that the applicant named in Section 1 has authorised me to sign on their behalf (tick)

Relationship to applicant

Section 5 - Sending us the application

Once you have filled in this form, please make sure that you have made a copy of it for your own records and that you have signed it.

Please send the application to us at:

Mental Health Review Tribunal for Wales
PO Box 1134
Cardiff
CF11 1WX

Alternatively, the form can be submitted via email MHRTApplicationsReferrals@gov.wales

If you need to contact us by telephone our number is: **0300 025 5328**