

Tribiwnlys Adolygu Iechyd Meddwl Cymru

Mental Health Review Tribunal for Wales

Nearest Relative Application

It is important that you read our guidance booklet, *Nearest relative information (MHRTW-09)* before filling in this form.

Please write clearly in **BLACK** ink.

This application form is also available in Welsh.

The Mental Health Review Tribunal welcomes correspondence and phone calls in Welsh and English. This includes submitting forms, documents and written representations to the Tribunal.

1. Language Preference

Would you prefer to correspond with us in:	Welsh	English	Both
Would you prefer any verbal communication to be in:	Welsh	English	Both
Would you prefer to speak Welsh or English at your Tribunal Hearing?	Welsh	English	Both

2. Languages Spoken

What languages do you use to communicate?
(Please tick all that apply)

Welsh English Other

Other (please state)

3. We would like to support the use of the Welsh language in Tribunals. If you can speak Welsh, and have indicated English as your language of choice, is there a specific reason why you have chosen to communicate in English?

(Your answer will not affect the substance of your case in any way)

Section 1 – Your Information

Title: Surname: First Names:

Your relationship to your relative:

Your address (including postcode):

Name of your legal representative (if you have one):

Address (including postcode):

I directed the discharge from Section/Order on (date):

The discharge was barred by the Responsible Clinician on (date):

I wish to make an application for discharge to the Tribunal:

Section 2 – Information about your relative

Title: Surname: First Names:

Hospital/current Address (including postcode):

Your relative's date of birth:

Section/Order: Date Section/Order commenced:

Name of your relative's Responsible Clinician:

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

Signature:

Name (IN CAPITALS):

Date:

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

E mail address for submitting applications is mhrtapplicationsreferrals@gov.wales

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