

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 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	<input type="checkbox"/>	Other	<input type="checkbox"/>
Other (please state)					
<div></div>					

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:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	
Section or Order of the Mental Health Act to which you are subject:	Date the Section/Order commenced:	
<input type="text"/>	<input type="text"/>	
Hospital/Current Address (including postcode):		
<input type="text"/>		
Ward Name:	<input type="text"/>	
Name of Responsible Clinician:	<input type="text"/>	

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:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (including postcode):		
<input type="text"/>		
Telephone:	<input type="text"/>	
Email address:	<input type="text"/>	
I do not want to be legally represented:		
<input type="checkbox"/>		

Section 3 – Tribunal Hearing Format

Please choose the format that you would like your hearing to be conducted in, by ticking one of the boxes below. If you do not state a preference your hearing will automatically default to a videoconference.

Videoconference:

Face to face:

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).

Signature:

Name (IN CAPITALS):

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**