

My advance statement of preferences – child and youth

October 2025

Date: _____

Your full name: _____

Date of birth: _____

Do you identify as:

- Aboriginal
- Torres Strait Islander
- Aboriginal and Torres Strait Islander
- Neither Aboriginal nor Torres Strait Islander

Select only one statement:

- This is my first advance statement of preferences.
- I have an old advance statement of preferences, and I want this to replace the old one.

If I am put on a compulsory treatment order, please tell the following people:

Contact person 1

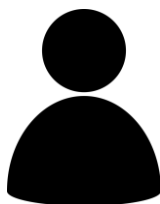
Name: _____

Contact details: _____
(phone and/or email)

Relationship to you: _____

Tell this person when I am put on compulsory treatment: Yes No

Tell this person information about my mental health treatment: Yes No



Contact person 2

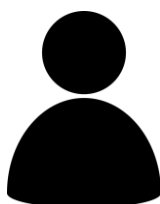
Name: _____

Contact details: _____
(phone and/or email)

Relationship to you: _____

Tell this person when I am put on compulsory treatment: Yes No

Tell this person information about my mental health treatment: Yes No



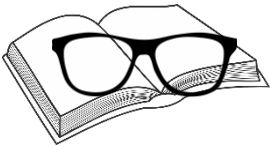
For more information on the *Mental Health and Wellbeing Act 2022*, visit website <https://www.health.vic.gov.au/mental-health-and-wellbeing-act>

My communication needs

For example, what language do I speak?



Do I wear glasses? Do I use hearing aids?






What do I need to understand information?
For example, written information, video etc.



How do I want to be communicated with when I feel stressed or upset?
Do I have sensory needs?

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<p>My mental health experience.</p> <p>For example, do I identify as having a mental health issue, do I experience any life challenges, explain my own experience in my own words.</p> 	<h3>My mental health</h3>
<p>For example, what treatments/healing help me? Why do they help?</p>  <p>What treatments do not help me? Why don't they help?</p> 	<h3>My treatment preference(s)</h3>

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My care and support needs

What helps me tell people what I want and do not want?

What supports are available to me? For example, Psychology, Peer worker, Elders, Respected person or community leader/s?



What helps me make decisions?



What are my care needs?

For example, foods I can and cannot eat, toys I can bring with me to the hospital, or other things I would find helpful while in hospital etc.



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My signature

Name: _____

Date: _____

Signature: _____

Witness declaration

The witness must:

- watch you sign the form
- agree with the following declaration and
- sign it.

The witness doesn't need to agree with the content of your advance statement of preferences.

Witness statement:

In my opinion, the person making this advance statement of preferences understands:

- *what an advance statement of preferences is*
- *how this statement will be used*
- *and how to revoke (cancel) it*

In my opinion they appear to make this advance statement of preferences of their own free will. I have observed the person signing the statement.

Witness name: _____

Witness date of birth: _____

Witness signature: _____

How to contact IMHA and find out more

You can:

- visit the website www.imha.vic.gov.au
- send an email to contact@imha.vic.gov.au
- call the IMHA phone line [1300 947 820](tel:1300947820), which is staffed by IMHA advocates 9:30am – 4:30pm seven days a week (except public holidays)
- You can ask to speak with a First Nations Advocate
- call the IMHA rights line on [1800 959 353](tel:1800959353) to hear a recording about your rights
- ask a mental health service provider, carer, kin or other support person to assist contacting IMHA.



imha.vic.gov.au

