Template for Nominated Persons

**A nominated person is someone you nominate to receive information and support you while you are receiving compulsory treatment under the Mental Health Act 2014.**

This is a template that has been prepared by Independent Mental Health Advocacy (IMHA) to support you if you wish to choose your nominated person. You may also want to read our IMHA Guide to Nominated Persons document on our website [www.imha.vic.gov.au](http://www.imha.vic.gov.au).

You do not need to use this template and can adapt it to reflect your own individual situation.

# How to contact IMHA and find out more

* Visit the website [www.imha.vic.gov.au](http://www.imha.vic.gov.au) and see our nominated person videos
* Send an email to [contact@imha.vic.gov.au](mailto:contact@imha.vic.gov.au)
* Call the IMHA phone line **1300 947 820**, which is staffed by IMHA advocates 9:30am – 4:30pm Monday to Friday (except public holidays)
* Call the IMHA rights line on **1800 959 353** to hear a recording about your rights
* Ask a mental health service provider, carer or other support person to assist contacting IMHA.

Nominated Persons

# Your information

|  |  |
| --- | --- |
| **Full Name** |  |
| **Phone Number** |  |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ identify and consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being my nominated person.

Signed (you): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Your Nominated Person’s information

|  |  |
| --- | --- |
| **Full Name** |  |
| **Relationship** |  |
| **Phone Number** |  |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (nominated person) understand and consent to being the nominated person for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (you).

Signed (Nominated Person): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Your authorised witness’ statement

|  |  |
| --- | --- |
| **Full Name** |  |
| **Role** |  |
| **Service Name** |  |
| **Service Phone Number** |  |

The role of an authorised witness is to acknowledge that you understand the role of a nominated person, and that they have witnessed you signing it. Therefore, it is not necessary for the authorised witness to agree with the decision to nominate a person before witnessing it.

### Witness Statement

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (authorised witness) believe that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (you) understand what the role of the nominated person is, and that I have seen them sign their statement.

Signed (authorised witness): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_