

APPLICATION TO MENTAL HEALTH REVIEW TRIBUNAL

Capacity and Self-Determination (Jersey) Law 2016
 Mental Health and Capacity (Review Tribunal) (Jersey) Order 2018 (Order 4)

Please try to complete all the information on the form – if you are unsure of anything the Tribunal can assist you to find out the information. We may have to contact you to check the details if there are some parts missing.

You can send completed forms by email to mentalhealthreviewtribunal@courts.je or by post to The Registrar, First Floor, International House, 41 the Parade, St Helier, JE2 3QQ.

Individual's (P's) details	
Full name	
Date of birth	
Home address (if different to where they are currently living)	
Relevant place details	
Address of relevant place where P is subject to standard authorisation (SRoL)	
Name of Manager of relevant place	
Manager's telephone number	
Manager's email address (if known)	
SRoL details	
Date of SRoL for review DD/MM/YY¹	
Is this a:	<div style="text-align: center;"> <input type="checkbox"/> First authorisation <input type="checkbox"/> Authorisation renewal </div>

¹See SRoL Standard Authorisation Assessment form (Form 4), last page.

What restrictions of liberty is P subject to?²	<input type="checkbox"/> P is not allowed, unaccompanied to leave the place <input type="checkbox"/> P is unable to leave the relevant place unassisted, by reason of P's physical impairment or mental disorder, and such assistance as it may be reasonably practicable to provide to P for this purpose is not provided; <input type="checkbox"/> P's actions are so controlled in the relevant place as to limit P's access to part only of that place; <input type="checkbox"/> P's actions are controlled, whether or not in the relevant place, by the application of physical force or of restraint <input type="checkbox"/> P is subject, whether or not in the relevant place, to continuous supervision <input type="checkbox"/> P's social contact, whether or not in the relevant place, with persons other than those caring for him or her in the relevant place, is restricted
Name of Capacity & Liberty Assessor responsible for P's assessment	
Nearest relative details	
Full name	
Home address	
Telephone/email	
Relationship to P	
Does P want the Tribunal to tell the Nearest Relative about the hearing?	<div style="display: flex; justify-content: space-around;"> Yes No If not, why not? </div>
Does P want the Nearest Relative to attend the hearing?	<div style="display: flex; justify-content: space-around;"> Yes No If not, why not? </div>

² Form 4 will list, under these headings, the restrictions which were identified by the Capacity & Liberty Assessor and authorised by the Minister.

Legal Representation	
P is entitled to free, specialist legal advice and representation.	
Does P want a lawyer appointed?	Yes No
Has P had a lawyer for a Tribunal previously?	Yes No If yes, who?
<i>Note: If the patient would like a legal representative appointed, a legal representative will be chosen and appointed by the Tribunal. All legal representatives appointed by the Tribunal are accredited by the Law Society of Jersey and are members of the specialist panel of mental health lawyers. The legal representative will contact the patient to help with their case after they have been appointed.</i>	
Independent Advocacy	
Is P support by the Independent Capacity Advocacy Service provided by MyVoice, Jersey?	Yes No If yes, by who?
Does P give permission for the Independent Advocate to discuss matters with their appointed lawyer?	Yes No
Special Requirements	
Does P need an interpreter?	Yes No If yes, what language?
Are there any other special requirements/things the Tribunal needs to know about so P can participate in the appeal?	Yes No If yes, what?

Declaration	
This application is submitted by	The minister for Health & Social Services P P's Nearest Relative Independant Advocacy Service, MyVoice on behalf of P)

Signed:

Print Name:

Date: DD/MM/YY

Data Protection information

The Tribunal is a data controller under the Data Protection (Jersey) Law 2018 and we process your information (including the information on this form) to deal with P's appeal to the Tribunal. A copy of this form will be sent to the lawyer appointed on P's behalf. For more information about how the Tribunal uses your information, please see our full privacy notice on <http://www.courts.je/judicial-greffe/judicial-greffe-privacy-policy>.