

# APPLICATION FOR REVIEW IN THE HUMAN RIGHTS LIST

## WHAT VCAT CAN DO

The Victorian Civil and Administrative Tribunal (VCAT) can review decisions made by the Mental Health Tribunal, Patient Review Panel, Public Sector Gender Equality Commissioner, and the Chief Medical Officer or the Secretary of the Department of Health.

## PRIVACY POLICY

If you wish to know how VCAT may use the information you provide, refer to VCAT's privacy statement on the website ([www.vcat.vic.gov.au/privacy](http://www.vcat.vic.gov.au/privacy)). In most situations, VCAT is not allowed to publicly disclose information about a person apart from publishing decisions, repeating anything said or done at a public VCAT hearing and allowing the public to search the register and files.

## WHAT IS YOUR APPLICATION ABOUT?

### 1. What do you want VCAT to review?

- A decision by the Mental Health Tribunal
- A decision by the Patient Review Panel
- A public health order by the Chief Medical Officer of the Department of Health
- A decision by the Secretary, Department of Families Fairness and Housing under the Disability Act 2006
- A decision by the Public Sector Gender Equality Commissioner to confirm a compliance notice
- A decision by the Victorian Equal Opportunity and Human Rights Commission to issue a compliance notice under the *Change or Suppression (Conversion) Practices Prohibition Act 2021*
- A term of a compliance notice issued by the Victorian Equal Opportunity and Human Right Commission under the *Change or Suppression (Conversion) Practices Prohibition Act 2021*

## WHO DOES THIS APPLICATION RELATE TO?

This application can be about you or someone else.

### 2. Name

Given names

Family name

### 3. Address

Street number and name

Suburb

State

Postcode

### 4. Contact details

Phone number

Email

**5. Does this person wish to be identified as someone of Aboriginal or Torres Strait Islander descent?**

Yes       No       Don't know

**6. Is this person from a culturally or linguistically diverse background?**

Yes       No       Don't know

If yes, what is the cultural or linguistic background of the person to be represented?

**7. Is there an existing VCAT application about this person?**

Yes       No       Don't know

If yes, what is the VCAT reference number of the existing application (if known)?

## ARE YOU APPLYING ABOUT SOMEONE ELSE?

**8. Are you making this application about someone else?**

Yes       No, skip to Question 13

**9. What is your relationship to the person you are applying about?**

For example, partner, child, relative, support person, administrator, lawyer, close friend, etc.

**10. Your name**

Given names

Family name

**11. Your address**

Organisation (if applicable)

Street number and name

Suburb

State

Postcode

**12. Your contact details**

Phone number

Email

## WHO IS MAKING THIS APPLICATION?

The applicant is the person who makes this application.

**13. Name of the applicant**

Given names

Family name

#### 14. Address

Organisation (if applicable)

Street number and name

Suburb  State  Postcode

#### 15. Contact details

Phone number

Email

### IS SOMEONE REPRESENTING YOU?

#### 16. Are you represented by a lawyer or professional advocate?

If you are the lawyer or professional advocate for the person you are applying about, skip to Question 19.

Yes

No – skip to Question 19

#### 17. Address

Organisation (if applicable)

Street number and name

Suburb  State  Postcode

#### 18. Contact details

Phone number

Email

### WHO ARE YOU MAKING AN APPLICATION AGAINST?

The organisation or body you are making an application against is the respondent.

#### 19. Who is the respondent?

Mental Health Tribunal  
Level 30, 570 Bourke St  
Melbourne VIC 3000

Patient Review Panel  
Department of Health  
GPO Box 4541  
Melbourne VIC 3001

Public Sector Gender Equality Commissioner  
50 Lonsdale Street  
Melbourne VIC 3000

Chief Medical Officer  
Department of Health  
50 Lonsdale Street  
Melbourne VIC 3000

The Secretary  
Department of Families Fairness and Housing  
50 Lonsdale Street  
Melbourne VIC 3000

## REASONS FOR MAKING AN APPLICATION

20. Briefly state your reasons for making this application :

## SUPPORTING DOCUMENTS

21. If you have a copy of the decision or order made by the respondent, submit it with your application:

- I have attached a copy of the decision or order to my application
- I do not have a copy of the decision or order

## HEARING ARRANGEMENTS

We offer a range of support services for people with disability, language difficulties and to help with accessibility. Let us know of your needs so we can make arrangements for the hearing.

22. Does anyone mentioned in this application need special assistance at the hearing?

- Help accessing the venue (e.g. wheelchair access)
- Interpreter required

Language:

- Assisted communication (e.g. assistive listening device or hearing loop)
- Attend the hearing by phone or video link
- Other

Provide more detail about who needs the forms of assistance you have indicated and why.

## ACKNOWLEDGMENT

By completing this application, I understand and acknowledge that:

- to the best of my knowledge, all information provided in this application is true and correct
- it is an offence under section 136 of the *Victorian Civil and Administrative Tribunal Act 1998* to knowingly give false or misleading information to VCAT

Date of acknowledgement (DD/MM/YYYY):

## APPLICATION CHECKLIST

Ensure you do the following:

- Make a copy of this application for your own records
- Speak to the person whom this application is about (if possible)
- Attach a copy of the decision or order you want VCAT to review (if possible)
- Attach other documentation to support your application

## SUBMITTING THIS APPLICATION

Submit your application and a copy of the medical report to VCAT either by email, by post or in person.

### **By email**

Email [humanrights@vcat.vic.gov.au](mailto:humanrights@vcat.vic.gov.au)

### **By post**

Send to:

The Registrar  
Human Rights List  
Victorian Civil and Administrative Tribunal  
GPO Box 13193 Law Courts VIC 8010

### **In person**

Go to:

Victorian Civil and Administrative Tribunal  
Ground Floor, 55 King Street, Melbourne VIC 3000

## NEED HELP WITH YOUR APPLICATION?

If you have any questions about completing this form, contact us by phone, email or in person.

### **By email**

Email [humanrights@vcat.vic.gov.au](mailto:humanrights@vcat.vic.gov.au)

### **By phone**

Call us between 9 am and 5 pm Monday to Friday on 1300 01 8228 (1300 01 VCAT)

### **In person**

Our office is open Monday to Friday from 9 am to 4.30 pm.

55 King Street  
Melbourne VIC 3000