

# 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, and the Chief Medical Officer or the Secretary of the Department of Health and Human Services.

## 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 made by the Patient Review Panel
- A public health order made by the Chief Medical Officer of the Department of Health and Human Services
- A decision made by the Secretary, Department of Health and Human Services under the Disability Act 2006

## 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 and Human  
Services  
GPO Box 4541  
Melbourne VIC 3001

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

The Secretary, Department of Health and  
Human Services  
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, lodge 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

## ATTENDANCE AT THE HEARING

We offer a range of support services for people with disability, Aboriginal and Torres Strait Islander peoples and people with language difficulties.

We have security officers present and provide airport-style security scanning at our main venues. But we can arrange for extra security.

Let us know of your needs so we can make arrangements for the hearing.

We expect everyone mentioned in this application to attend the hearing.

**22. Is there anything preventing the person who this application is about from attending the VCAT hearing?**

- Yes                       No                       Unsure

If yes, state the circumstances that prevent the person from attending the VCAT hearing:

**23. Do you need the hearing to be held at a venue other than at VCAT?**

- Yes                       No                       Unsure

If yes, tell us why you need a different venue:

**24. Does anyone attending the hearing require an interpreter?**

- Yes                       No                       Unsure

If yes, tell us who needs an interpreter and for what language:

**25. Does anyone attending the hearing have concerns about their personal safety?**

- Yes                       No                       Unsure

If yes, tell us who has concerns about their personal safety at the hearing and why:

**26. Does anyone attending the hearing require video link or telephone facilities?**

- Yes                       No                       Unsure

If yes, tell us who needs video link or telephone facilities for the hearing and why:

**27. Does anyone attending the hearing require any other type of special assistance?**

- Yes                       No                       Unsure

If yes, tell us who needs any other type of special assistance and what they require:

## 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  
Guardianship List  
Victorian Civil and Administrative Tribunal  
GPO Box 13193 Law Courts VIC 8010

### **In person**

Go to one of the following venues:

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

William Cooper Justice Centre  
Level 5, 223 William 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.

William Cooper Justice Centre  
Level 5, 223 William Street  
Melbourne VIC 3000