

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). 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 Secretary, Department of Health under the Assisted Reproductive Treatment Act 2008
- 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 Rights 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 identify 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

The Secretary
Department of Health
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

By post

Send to:

The Registrar
VCAT Human Rights List
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

By phone

Call 1300 018 228 Monday-Friday 9am-4.30pm

In person

We are open Monday-Friday 9am-4.30pm

55 King Street
Melbourne VIC 3000