# Application for Extended Emergency Detention Order (ED11)

Use this form to apply for a further period of involuntary emergency detention not exceeding 11 days.

To be used by the Chief Psychiatrist under section 85 of the *Mental Health Act 2015.*

**Note:** the Chief Psychiatrist includes a delegate for that function.

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| --- | --- | --- |
| **ACAT file number** (if known) | MH |  |

Applicant

Provide the details of the person making this application. This application can only be made by the Chief Psychiatrist under section 85 of the *Mental Health Act 2015*.

|  |  |
| --- | --- |
| Name |  |
| Telephone |  |
| Email |  |
| Position held |  |

## Subject person

Provide the details of the person you are making this application about.

|  |  |
| --- | --- |
| Full name |  |
| Date of birth |  |
| Phonetic spelling of name  (if known, optional) |  |
| Pronouns  (if known, optional) |  |
| Medical record number  (if applicable, optional) |  |
| Home address |  |
| Telephone |  |
| Email |  |

## Involuntary detention

Involuntary detention commenced under Authorisation/Notification Involuntary Detention:

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Time: |  |

I have **attached** a copy of the Emergency Detention Notification

|  |  |
| --- | --- |
| Date and time of arrival |  |
| Date and time of examination |  |

**Note:** if there is more than a 4-hour gap between arrival and examination, the applicant or Tribunal Liaison Officer **must**, at the time of lodging this application, advise the ACAT in detail of the reasons for delay.

## Order sought

I seek an order for extension of the Emergency Detention for a further period (not exceeding 11 days).

I have conducted an examination of the subject person under section 84 of the *Mental Health Act 2015* and believe the subject person continues to meet the criteria for involuntary detention as follows:

|  |  |
| --- | --- |
| **Does the subject person require immediate treatment, care or support?** | Yes  No |

If yes, why?

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| --- |
|  |

|  |  |
| --- | --- |
| **Has the subject person refused to receive that treatment, care or support?** | Yes  No |

If yes, how?

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| --- |
|  |

|  |  |
| --- | --- |
| **Is detention necessary for the subject person’s health or safety, social or financial wellbeing, or for the protection of someone else or the public?** | Yes  No |

If yes, why?

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|  |  |
| --- | --- |
| **Can adequate treatment, care or support be provided in a less restrictive environment?** | Yes  No |

If no, why not?

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| --- |
|  |

## Signature

By signing this application, I certify:

1. The application has been completed in full. I understand that an application that is not complete can be rejected by the Registrar pursuant to rule 16 of the *ACT Civil and Administrative Tribunal Procedures Rules 2024*.
2. The information provided in this application is true to the best of my knowledge. I have not excluded any relevant information about my examination of the subject person.
3. The Tribunal Liaison Officer will provide this application to the subject person, the Public Advocate and any other parties that must receive a copy.
4. I am the Chief Psychiatrist or a delegate authorised to make this application.

|  |  |
| --- | --- |
| Signature of applicant  (note: digital signature is accepted) |  |
| Name of applicant |  |
| Date |  |