

URN: _____

ACTCS PID: _____

Family name: _____

Given names: _____

DOB: _____ Sex: _____

REQUEST TO TRANSFER A DETAINEE FROM A PLACE OF DETENTION OR CORRECTIONAL CENTRE TO DMHU



ACT Corrective Service/Bimberi Youth Justice Centre

This form is to be completed by ACT Heath and ACT Corrective Services (ACTCS)/Bimberi Youth Justice Centre (BYJC) staff when the Consultant Psychiatrist at the place of detention or correctional centre is requesting the transfer of a detainee to Dhulwa Mental Health Unit

Surname: _____

Given names: _____

Gender: _____ Date of Birth: _____

Does the person identify as Aboriginal or Torres Strait Islander? Yes No

Fluent in English Yes No Phone Interpreter Service used? Yes No

Reason for request:

Consultant Psychiatrist

Signature _____ Print name _____ Designation _____ Date _____ Time _____

Has the General Manger sought the advice of the Section 21 Doctor under the Corrections Management Act 2007, prior to considering the transfer? Yes No

Comments/recommendations from Section 21 Doctor:

Approval by ACTCS / BYJC

- The above request has been approved
- The above request has **not** been approved for the following reasons:

General Manager (or delegate)

Signature _____ Print name _____ Designation _____ Date _____ Time _____

Pursuant to s. 144A (3) Mental Health Act 2015, this form is to be photocopied after signature and a copy provided to both agencies involved in the transfer.

A copy of this form must be forwarded to the Tribunal Liaison Officer, Building 25, the Canberra Hospital and faxed to: 6244 4558

DO NOT WRITE IN THIS BINDING MARGIN

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