



**CHIEF PSYCHIATRIST  
OF  
WESTERN AUSTRALIA**

**WA MENTAL HEALTH  
ACT 2014**

SECTIONS: 219, 221

Please use ID label or block print

FAMILY NAME

UMRN

GIVEN NAMES

CMHI

BIRTHDATE

GENDER

ADDRESS

**FORM 11F – REVOCATION OR EXPIRY OF SECLUSION ORDER**

**Seclusion order is:** ☐ Revoked ☐ Expired

**Revocation of seclusion order:**

Date and time seclusion order revoked:

Date: DD/MM/YY Time: HH:MM

Name of person revoking seclusion order: \_\_\_\_\_

Qualifications of person revoking seclusion order: \_\_\_\_\_

☐ Medical practitioner ☐ Mental health practitioner ☐ Person in charge of ward

Signature: \_\_\_\_\_

**Record of expiry of seclusion order:**

Date and time seclusion order expired:

Date: DD/MM/YY Time: HH:MM

Name of person making record of expiry: \_\_\_\_\_

Qualifications of person: \_\_\_\_\_

☐ Medical practitioner ☐ Mental health practitioner

Signature: \_\_\_\_\_

**FORM 11F – REVOCATION OR EXPIRY OF SECLUSION ORDER**

**Notes: Form 11F – Revocation or expiry of seclusion order**

**Revoking seclusion order:**

A medical practitioner or mental health practitioner or the person in charge of a ward at an authorised hospital may make an order revoking a seclusion order in force in respect of a person using this form (s219).

**Expiry of seclusion order:**

A medical practitioner or mental health practitioner must as soon as practicable after a seclusion order expires make a record of the seclusion order expiring using this form (s221).

**Checklist of *Mental Health Act 2014* requirements related to this form:**

**Notes**

- ☐ Inform the person that they are no longer under a seclusion order.
- ☐ Ensure that the person is released from seclusion.
- ☐ File this form on the person's medical record.
- ☐ ☒ Email a copy of this form to the Chief Psychiatrist at [monitoring@ocp.wa.gov.au](mailto:monitoring@ocp.wa.gov.au) as soon as practicable and file a record of having done this.
- ☐ ☒ If the person is a mentally impaired accused, email a copy of this form to the Mentally Impaired Accused Review Board at [prisonersreviewboard@justice.wa.gov.au](mailto:prisonersreviewboard@justice.wa.gov.au) and file a record of having done this.

Additionally, if the form is a revocation of the order:

- ☐ Give the person a copy of this form as soon as practicable.