



CHIEF PSYCHIATRIST  
OF  
WESTERN AUSTRALIA

WA MENTAL HEALTH  
ACT 2014

SECTIONS: 275

Please use ID label or block print

FAMILY NAME

UMRN

GIVEN NAMES

CMHI

BIRTHDATE

GENDER

ADDRESS

FORM 12A – NOMINATION OF NOMINATED PERSON

I \_\_\_\_\_ (name of person making the nomination),  
nominate \_\_\_\_\_ (name of nominated person) to be  
my nominated person under the *Mental Health Act 2014*. This nomination authorises my  
nominated person to be provided with information, and to be involved in matters relating to my  
treatment and care to the extent determined by me, and so long as my psychiatrist believes this is  
in my best interests. The nominated person may be provided with information about my rights and  
the rights of the nominated person, and how those rights can be accessed and exercised.

Relationship of nominated person to myself (optional): \_\_\_\_\_

Signature of person making the nomination: \_\_\_\_\_

Name of witness to the making of this nomination: \_\_\_\_\_

Qualifications of witness: \_\_\_\_\_

Signature of witness: \_\_\_\_\_

I \_\_\_\_\_ (name of nominated person), am aged 18 years  
or over and accept this nomination. I understand that as the nominated person, it is my role to  
ensure that the rights of the person making this nomination are observed and the person's  
interests and wishes are taken into account by those providing the person with treatment and care  
under the *Mental Health Act 2014*.

Signature of person accepting the nomination: \_\_\_\_\_

Name of witness to the acceptance of this nomination: \_\_\_\_\_

Qualifications of witness: \_\_\_\_\_

Signature of witness: \_\_\_\_\_

Contact details of nominated person:

Preferred method of contact: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Other number: \_\_\_\_\_

Email: \_\_\_\_\_

Date nomination takes effect: Date: DD/MM/YY

If nomination ended, date and time nomination ended: Date: DD/MM/YY Time: HH:MM

How nomination ended: ☐ Person made a new nomination ☐ Person revoked the nomination  
☐ Nominated person resigned ☐ Other: \_\_\_\_\_

FORM 12A – NOMINATION OF NOMINATED PERSON

## Notes: Form 12A – Nomination of nominated person

### Who can make a nomination:

- Any person, including a child, may nominate another person to be the person's nominated person using this form (s273).
- A person cannot make a nomination unless the person understands the effect of making the nomination (s273).

### Who can be nominated:

- Only an adult is eligible to be nominated as a nominated person (s274).
- A person cannot have more than one nominated person at any time (s276).

### Duration of nomination

- A nomination is valid until revoked by the person making the nomination, or until the nominated person resigns the nomination.
- A nomination may be revoked by the person who made it at any time and by any means whatsoever (s277).
- A nomination is revoked if the person who made it makes another nomination (s277).
- A nominated person may resign the nomination in writing signed and given to the person who made the nomination. The resignation takes effect on either the date when it is received by the person who made the nomination, or the date specified on the resignation, whichever is later (s278).

### Role of nominated person:

The role of a nominated person is to assist the person who made the nomination by ensuring that any person performing a function under the *Mental Health Act 2014* :

- observes that person's rights under this Act; and
- takes that person's interests and wishes into account (s263).

### Right of nominated person:

Unless the psychiatrist believes it is not in the patient's best interests, a patient's nominated person is entitled:

- to be provided with information relating to the patient's treatment and care, including information about these matters —
  - the mental illness for which the patient is being provided with treatment or care;
  - if the patient is an involuntary patient — the grounds on which, and the provision of this Act under which, the involuntary treatment order was made;
  - the treatment and care proposed to be provided to the patient and any other options for the patient's treatment and care that are reasonably available;
  - the treatment provided to the patient and the patient's response to that treatment;
  - the seclusion of, or use of bodily restraint on, the patient;
  - the services available to meet the patient's needs;and
- to be involved in matters relating to the patient's treatment and care, including these matters —
  - the consideration of the options that are reasonably available for the patient's treatment and care;
  - the provision of support to the patient;
  - the preparation and review of any treatment, support and discharge plan for the patient;and
- to be provided with information about the patient's rights under this Act and how those rights can be accessed and exercised;
- and
- to be provided with information about the rights of the nominated person under this Act and how those rights can be accessed and exercised (s266).

A patient's nominated person may indicate the extent to which the nominated person wants to be provided with the above information or to be involved in the above matters (s266).

### Who can witness:

Only a person who is authorised by law to take declarations can witness the nomination (see [http://www.courts.dotag.wa.gov.au/files/Professions\\_witness\\_statutory\\_declarations.pdf](http://www.courts.dotag.wa.gov.au/files/Professions_witness_statutory_declarations.pdf) - examples include doctors, nurses and public servants).

Neither the person making the nomination nor the nominated person can be the person who witnesses the nomination (s275).

### Any clinical notes regarding nomination: