

Nominated Support Person form

Use this form to nominate (choose) a Nominated Support Person

Help with this form

Your treating team must help you understand this form.

You can get help to fill out this form from a mental health and wellbeing service provider, family member, friend, or advocate.

For help in your language contact the Translating and Interpreting Service on 131 450.



First Nations people can get help from:

- Aboriginal Liaison Officers
- Aboriginal Community Controlled Services

You can contact Independent Mental Health Advocacy (IMHA) for help with this form.

- Call 1300 947 820, 9.30am to 4.30pm, seven days a week
- Email IMHAcontact@imha.vic.gov.au
- Visit our website www.imha.vic.gov.au

You don't have to use this form and can create your own, but you must include certain details. To find out more, visit the IMHA website www.imha.vic.gov.au and look at the:

- IMHA Nominated Support Person video.
- IMHA Guide to Nominated Support Person document.

What is a Nominated Support Person?

You have the right to appoint a Nominated Support Person at any time under the *Mental Health and Wellbeing Act 2022*.

This is a person you formally choose to support you and advocate for what you want if you receive compulsory assessment or treatment. They must advocate for what you say you want, not what they want. The mental health and wellbeing service provider must try to help them support you and inform them about your treatment.

You can choose:

- anyone you want to be your Nominated Support Person as long as they agree to it. You could choose a friend, family member, carer, or any other support person that you trust; and
- a Nominated Support Person at any time, even if you are in hospital. You can only have one nominated support person at a time.

The person you choose will remain in their role until you choose someone else, cancel your current Nominated Support Person, or they resign.

If you have a Nominated Support Person and you don't want them to support you anymore you can:

- Fill out the Nominated Support Person Revocation Form available at health.vic, or
- Choose a new Nominated Support Person by filling out this form. This will automatically cancel your current Nominated Support Person.

To resign, your Nominated Support Person must fill out the Nominated Support Person Resignation form available at health.vic. If they resign, they must take all reasonable (fair and sensible) steps to tell you.

About this form

- This form must be witnessed by an adult (18 years of age or over), which means that they must watch you sign the form. They don't have to watch your Nominated Support Person sign this form. The person you are choosing to be your Nominated Support Person cannot witness this form. It can be anyone else you choose, including friends, family members or support workers. A statement by the witness must also be included. See the witness declaration at the end of this form.
- When you fill in the form, give it to your mental health and wellbeing service provider. They will put a copy in your clinical file and record it in the hospital's electronic information system.
- You will need to keep a copy of the form for yourself in case you go to a different hospital or service provider. You can ask your mental health and wellbeing service provider to make copies for you. You can give a copy to your carer, support person, or Nominated Support Person.
- The person you choose to be your Nominated Support Person must sign this form and accept their role. They don't have to sign it at the same time as you, they can sign it later.

To receive this document in another format email mhwa@health.vic.gov.au

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Available at health.vic.gov.au <<https://www.health.vic.gov.au/mental-health-and-wellbeing-act-handbook/supported-decision-making/nominated-support-persons#nominated-support-person-forms>>



NSP1

Mental Health and Wellbeing Act 2022
Sections 62

NSP 1
Nominated Support Person

Local Patient Identifier

FAMILY NAME

GIVEN NAMES

DATE OF BIRTH

SEX

GENDER

Mental Health Statewide UR Number

Place patient identification label above
FOR OFFICE USE

My Nominated Support Person

Your information

Your name:		Date:	
Date of Birth:		Phone:	

Select **one** statement below and mark your response with an X.

This is my first Nominated Support Person.	<input type="checkbox"/>
I have an existing Nominated Support Person and I want the below person to replace them.	<input type="checkbox"/>

I _____ (your name)

identify and consent to

_____ (your Nominated Support Person's name)

being my Nominated Support Person.

Signed (you): _____

Date: _____

Witness Statement

- Only an adult can be a witness, meaning they must be 18 years of age or older.
- The witness must:
 - watch you sign the form, but they do not need to watch the Nominated Support Person sign the form; and
 - agree with the following declaration and sign it.
- The witness can't be the person you have chosen to be your Nominated Support Person.
- The witness doesn't need to agree with your choice of nominated person.

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2023



Department of Health





NSP1

Mental Health and Wellbeing Act 2022
Sections 62

NSP 1
Nominated Support Person

Local Patient Identifier																			
FAMILY NAME																			
GIVEN NAMES																			
DATE OF BIRTH										SEX					GENDER				
Mental Health Statewide UR Number										Place patient identification label above FOR OFFICE USE									

I confirm that I am 18 years or older. In my opinion, the person making this nomination understands:

- what a Nominated Support Person is;
- the consequences of making the nomination; and
- how to revoke it.

In my opinion, they appear to have made this nomination of their own free will and I have seen them sign this nomination.

Witness Name: _____

Witness Signature: _____

Date: _____

Time: _____

Nominated Support Person acceptance

Nominated support person name:			Phone:	
Address:				
Email:				
Preferred contact method:				
Do you require an interpreter?	No			
	Yes	Language:		

I _____ (Nominated Support Person name)

understand and consent to being the Nominated Support Person for

_____ (your name).

Signed (Nominated Support Person): _____

Date: _____

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