

Application for a copy of the audio recording or a transcript of Tribunal Proceedings



Note: The Tribunal does not ordinarily release copies of recordings or prepare transcripts of hearings. Please refer to the Tribunal's Practice Direction at www.mhrt.nsw.gov.au

The Tribunal may provide a copy of an audio recording in the following circumstances:

- a) Where a person with a right of appeal against a Tribunal's decision is considering an appeal.
- b) Where the patient has retained a new legal representative who wishes to understand what was said at a previous Tribunal hearing.
- c) Where a patient has a new treating team, who wish to understand what was said at a previous Tribunal hearing.
- d) Where the Minister for Health or Attorney General wish to exercise a right to appear at a Tribunal review under the Mental Health (Forensic Provisions) Act 1990 and wish to understand what was said at a previous Tribunal hearing.
- e) Other circumstances considered appropriate by the Tribunal's Registrar.

Applicant details:

Applicant Name:			
Address:			
Phone:		Mobile:	
Fax:		Email:	
Relationship to Client/ Patient:			

Hearing details:

Client Name:	
Date of hearing:	
Location of hearing:	

Request for a copy of an audio recording

Reasons for Application (attached separate page if more space is required):

Request for preparation of a transcript (attached separate page if more space is required):

Reasons for Application:

Undertaking

I _____ am aware that

- a) the publication of the name of a patient or person who is mentioned or involved in any proceedings may be an offence under s. 162 of the *Mental Health Act 2007* and
- b) the disclosure of information obtained in the administration or execution of the *Mental Health Act 2007* or the *Mental Health (Forensic Provisions) Act 1990* may also be an offence under s. 189 of the *Mental Health Act 2007*

and agree that I shall not broadcast, publish or distribute the audio recording/transcript obtained by me except for the purposes I have outlined above.

Signed: _____ Date: _____