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| --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Approved form no.: 10, version 1.00, 02/2017  Email: [registrarmhc@health.qld.gov.au](mailto:registrarmhc@health.qld.gov.au) | Proceeding number: | | | | | | |
| **Section 1 - Person making application for confidentiality order** | | | | | |
| Name: | | Position: | | | |
| Date (DD/MM/YYYY): | | Signature: | | | |
| Contact number: | |
| Email address: | | | | | |
| Address: | | | | | |
| Town / Suburb: | | | State: | | Postcode: |
|  | | | | | |
| **Section 2 - Documents and/or information to remain confidential** | | | | | |
| *Note: if material is part of a document, indicate clearly that part of the document which is the subject of application.* | | | | | |
| Provide details: | | | | | |
| **Where more space is required, additional details are provided in form 14 which is attached** | | | | | |
|  | | | | | |
| **Section 3 - Reasons for which confidentiality order is sought** | | | | | |
| *Note: specify how the disclosure of the information would cause serious harm to the health of the person or put the safety of someone else at serious risk.* | | | | | |
| Provide reasons: | | | | | |
| **Where more space is required, additional details are provided in form 14 which is attached** | | | | | |
|  | | | | | |
| **Section 4 - Person subject of proceeding *(if different from section 1)*** | | | | | |
| Surname: | | Given name(s): | | | |
| Also known as: | | Date of birth (DD/MM/YYYY): | | or | Age: |
| Address: | | | | | |
| Town / Suburb: | | | State: | | Postcode: |
| Email address: | | | Contact number: | | |
| **TO:** | **Registrar, Mental Health Court**  [registrarmhc@health.qld.gov.au](mailto:registrarmhc@health.qld.gov.au); GPO Box 48, Brisbane, QLD, 4001 | | | | |