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| Approved form no.: 10, version 1.00, 02/2017Email: 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; GPO Box 48, Brisbane, QLD, 4001 |