



**Application to the Mental Health Review Tribunal for Wales**

Please complete this form as far as you are able. If you require any assistance please ask the Ward Staff or Mental Health Act Administrator for assistance.

I am detained under a Section of the Mental Health Act 1983 and wish to apply to The Mental Health Review Tribunal for Wales.

Mr/Miss/Mrs/Ms (please delete as appropriate)

Surname:		First Name(s):	
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Date of Birth:	
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Section detained under:		Date current Section commenced	
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Name and Address of Hospital/Residence

Name of Ward:

Name of Responsible Clinician

Name and Address of Solicitor/Representative:

If you do not have a solicitor we can send you a list of solicitors who are able to represent you under the Legal Aid Scheme.

Yes please send me a list/No I do not wish to be represented (please delete as appropriate)

**Signed:**..... **Dated:**.....

Please return this form to:  
Mental Health Review Tribunal for Wales  
4<sup>th</sup> Floor  
Crown Buildings  
Cathays Park  
Cardiff CF10 3NQ