

Application cover sheet

Mental Health Review Tribunal Legal Service

Please return this completed form with your responses to the selection criteria to:

MHRT.Panel@legalaid.qld.gov.au

Only applications to this email address will be considered. No hard copies will be accepted.

Applicant Entity
name:

Type of Practice Preferred Supplier
 Community Legal Centre

Business address:

Postal address:

Email address:

Telephone number:

Please indicate which court location you are applying for:

- | | |
|---|--|
| <input type="checkbox"/> Greater Brisbane and Inala | <input type="checkbox"/> Bundaberg & Fraser Coast |
| <input type="checkbox"/> Caboolture/Redcliffe | <input type="checkbox"/> Cairns & Surrounding regions |
| <input type="checkbox"/> Gold Coast | <input type="checkbox"/> Ipswich & West Moreton |
| <input type="checkbox"/> Mackay | <input type="checkbox"/> Rockhampton & surrounding regions |
| <input type="checkbox"/> Sunshine Coast and Gympie | <input type="checkbox"/> Toowoomba & surrounding regions |
| <input type="checkbox"/> Townsville and surrounding regions | <input type="checkbox"/> Woodridge/Logan |

A preference will be given to preferred suppliers or community legal centres located in the relevant geographical location for MHRT sittings.

Please provide details of accredited nominated legal practitioners who will provide the services and their experience and competence in delivering services with mental health issues. (refer to Accreditation guidelines)

Name of person completing application:

Declaration

I declare all the information I have provided in this application is true and correct

Signed: _____

Dated: _____