



In-person Notice & Risk Assessment

T. 1800 815 511 mhrt.nsw.gov.au

In person attendance at 580 George St Sydney. Please email form to MHRT-Registrar@health.nsw.gov.au

1. Attendee Details:

Full Name:	DOB:
Other names/aliases (if applicable) :	
Central Names Index No. (if applicable):	Phone:
Matter:	Hearing Date:

2. Applicant Details:

Name:	Relationship:
Phone:	Email:

3. Who will be accompanying the attendee to the hearing?

Full Name	Relationship	Contact Phone

4. Does the attendee have any history of aggression?

☐ Yes ☐ No

Please provide description of behaviours.

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5. If the attendee is unhappy with the outcome, is there potential for challenging behaviour? ☐ Yes ☐ No

Please describe anticipated response.

6. Are there potential issues from other attendees? E.g. family members ☐ Yes ☐ No

Please identify the attendee(s) and possible issue.

Is security arranged when the attendee attends the facility for treatment or review? ☐ Yes ☐ No

Please describe the arrangements.

Would you recommend that security be engaged for this hearing? ☐ Yes ☐ No

MHRT Office Use Only		
MHRT Ref:	Hearing Room:	Hearing Time:
☐ Registrar Notified	☐ Sheriff's Intelligence Unit Notified	
☐ Panel Notified	☐ On-site Sheriff's Office Notified	
Other Actions Required:		

Please email form to MHRT-Registrar@health.nsw.gov.au