

Mental Health Advocacy Service's Back Up Duty Scheme

Expression of Interest – Application

Law Practice Name:
Applicant Name:
Address:
Contact Details:

The following selection questions must be addressed in support of your expression of interest for appointment to the Mental Health Advocacy Service's Back Up Duty Scheme (MHAS BUDS).

1	Do you hold either an Australian practising certificate issued by the Law Society of NSW, or a practising certificate issued by the designated regulatory authority in another Australian jurisdiction?
2	Is your practising certificate subject to any conditions or undertakings? If yes, please provide details.
3	<p>Please indicate the jurisdictional areas which you have practiced during the past 2 years by marking the relevant box.</p> <p><input type="checkbox"/> Mental Health Review Tribunal in proceedings conducted pursuant to the <i>Mental Health Act</i></p> <p><input type="checkbox"/> Mental Health Review Tribunal in proceedings conducted pursuant to the <i>Mental Health & Cognitive Impairment Forensic Provisions Act</i></p> <p><input type="checkbox"/> Magistrate in proceedings conducted pursuant to the <i>Drug and Alcohol Treatment Act</i></p>

	<input type="checkbox"/> Guardianship Division of NCAT in proceedings conducted pursuant to the <i>Guardianship Act</i> and/or the <i>NSW Trustee and Guardian Act</i>
4	<p>Please provide details of your relevant experience in the above jurisdictions, including how many hours per month (approximately) you spent undertaking this work.</p> <p>If you have not practiced in any of the stated jurisdictional areas, please provide details to demonstrate equivalent experience and knowledge in this area of law:</p>
5	<p>Nominate the MHAS BUDS region(s) in which you would be willing to perform in-person duty work (an outline of the regions and associated hospitals is provided on page three of this application form).</p> <p> <input type="checkbox"/> Western Sydney <input type="checkbox"/> South-Western Sydney <input type="checkbox"/> Sydney Metro <input type="checkbox"/> South-Eastern Sydney <input type="checkbox"/> Northern Sydney </p> <p>Are there any hospitals within the nominated region(s) that you are not able to attend?</p> <p>If yes, please indicate*:</p> <p>*Please be aware that you will continue to receive work offers for these venues. Such work offers can be declined. MHAS will take into account your response to this question when reviewing accepted and declined work offers of practitioners.</p>
6	Are you a nominated associate of a Law Practice that is on Legal Aid NSW's Mental Health Panel?

☐ I consent that to the extent it is reasonably necessary:

- *Legal Aid NSW may use my information collected for this application, or collected in relation to any audit or investigation, in considering eligibility to undertake legal aid work;*
- *Legal Aid NSW may disclose my information, to any selection committee in considering eligibility to undertake legal aid work.*

Signature:

Date:

MHAS BUDS regions and associated Mental health facilities.

MHAS BUDS region	Included Mental Health facilities
Western Sydney	Blacktown Hospital Cumberland Hospital Nepean Hospital Westmead Hospital
South-Western Sydney	Bankstown Hospital Braeside Hospital Liverpool Hospital
Sydney Metro	Concord Hospital Royal Prince Alfred Hospital St Vincent's Hospital Sydney Children's Hospital
South-Eastern Sydney	Prince of Wales Hospital St George Hospital Sutherland Hospital
Northern Sydney	Greenwich Hospital Hornsby Hospital Macquarie Hospital Northern Beaches Hospital Royal North Shore Hospital