



Mental Health Act 2016

Revocation of appointment

You may revoke the appointment of a nominated support person or persons if you:

- understand the nature and effect of the revocation
- are able to make and communicate the revocation.

You must give a copy of this revocation to a staff member of a mental health service who will remove the nominated support person from your health records.

Section 1 must be completed.
Sections 2 or 3 must be completed.

Resignation

A person may resign as a nominated support person. The person must give a copy of the resignation to a staff member of a mental health service who will remove the nominated support person from the person's health records.

Section 1 Name of person who appointed nominated support person/s

Title	Given name	Family name
Date of birth / /	Street address	Suburb
Postcode	Contact number	Email

Section 2 Revocation

I **revoke** the appointment of

as my nominated support person.

I **revoke** the appointment of

as my nominated support person.

You must sign here. Your signature must be witnessed.

Name

Signature

Date

/ /

Witness certification

I certify that the person appears to:

- understand the nature and effect of the revocation
- is able to make and communicate the revocation.

Witness name

Street address

Suburb

Postcode

Witness signature

Date

/ /

Section 3

Resignation

I **resign** as nominated support person for the person stated in Section 1.

You must sign here. Your signature must be witnessed.

Name

Street address

Suburb

Postcode

Signature

Date

/ /

Witness

Witness name

Street address

Suburb

Postcode

Witness signature

Date

/ /