**Leave of absence for a patient subject to a section 11 or section 13 assessment notice**

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|  | *Name of patient* | |
| To: | Click or tap here to enter text. | |
|  | *Date of birth* | |
| Patient's date of birth: | Click or tap to enter a date. |
|  | *Name & address of hospital or service or other place where patient being treated* | |
| You are granted leave of absence from: | Click or tap here to enter text. | |
|  | *Number of hours/days leave granted for* | |
| for a period of: | Click or tap here to enter text. | |
|  | *Date leave is to commence* | |
| beginning on: | Click or tap to enter a date. |
|  |  | |
| When your leave expires you must return to the place shown above on: | | |
|  | *Date and time patient to return to place* | |
|  | Click or tap here to enter text. |

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| Your leave is subject to the following terms and conditions: | |
|  | *Any terms and conditions as determined by responsible clinician* |
|  | Click or tap here to enter text. |
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|  | *Name of responsible clinician* | |
| This leave was approved by: | Click or tap here to enter text. | |
|  | *Business address and telephone number of responsible clinician* | |
| of: | Click or tap here to enter text. | |
|  |
|  |
|  |  | |
|  |  | Click or tap to enter a date. |
|  | *Signature of responsible clinician* | *Date* |

A copy of this notice has been sent to the Director of Area Mental Health Services.