

**FORM 7**  
**MENTAL HEALTH ACT**  
[ Section 25, R.S.B.C. 1996, c. 288 ]

**APPLICATION FOR REVIEW PANEL HEARING**

The information on this form is collected pursuant to section 25 of the *Mental Health Act*. It will be used to document and initiate your application for a review panel hearing. Any questions you have about this form may be addressed to the director or staff of this facility.

To the director of \_\_\_\_\_  
*name of designated facility*

I, \_\_\_\_\_, request a hearing by a review panel, in the case of:  
*first and last name of applicant (please print)*

\_\_\_\_\_, \_\_\_\_\_  
*first and last name of patient (please print) ward / unit*

\_\_\_\_\_  
*signature of applicant*

\_\_\_\_\_  
*date of signature (dd / mm / yyyy)*

\_\_\_\_\_  
*organization (if representing an organization when making the application)*

\_\_\_\_\_  
*relationship to patient*

\_\_\_\_\_  
*address of organization*