Application by an authorised person for the making of a banned drinker order form

Date of application:

**Referrer details**

Name:

Profession:

Position:

Agency:

Registration number (if applicable):

**Referred person details**

Name:       Gender:

Aliases:

Date of birth:

Address:

Phone:       Email:

Interpreter required: Choose an item. Preferred language:

If the referred person has photo ID, is a copy attached? Choose an item.

Did the referrer tell the referred person about this application: Choose an item.

If yes, what was their response and level of insight into the concerns?

**State the reason for the application.** Provide details of how alcohol misuse is placing at risk the health, safety and wellbeing of the referred person or others.

**Email this application to** **bdr.health@nt.gov.au**One application per referred person, per email

**Collection and Privacy Notice**

The information you provide on this form is collected by the Department of Health (NT Health) for the purposes of lodging an application to place another person on the BDR under section 18 of the *Alcohol Harm Reduction Act 2017*.  The personal information you provide will be managed in accordance with the Information Privacy Principles contained in the *Information Act 2002* (NT) and will only be collected, stored, used and disclosed in a manner that accords with privacy laws.  If you have concerns with regard to the privacy of the information provided, please contact NT Health, Legal Services at legal.health@nt.gov.au.