|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Application by family/carer/guardian for the making of a banned drinker order form | | | | | | | | |
| Email this completed form and any supporting documentation to [bdr.health@nt.gov.au](mailto:BannedDrinkerRegister.doh@nt.gov.au). One application per referred person, per email. | | | | | | | | |
| **Referrer details** | | | | | | | | |
| **Given name/s** |  | | | | **Family name** | |  | |
| **Phone** |  | | | | **Email** | |  | |
| **Applicant type** | Family / Guardian or carer / Public Guardian | | | | | | | |
| **Relationship to referred person** | | |  | | | | | |
| **Referred person details** | | | | | | | | |
| **Given name/s** |  | | | | **Family name** | |  | |
| **Other names known by** | |  | | | | | | |
| **Date of birth** |  | | | | **Gender** | |  | |
| **Address** |  | | | | | | | |
| **Phone** |  | | | | **Email** | |  | |
| **Is an interpreter required** | | Yes | | No | **Language** | |  | |
| **State the reason for the application** | | | | | | | | |
|  | | | | | | | | |
| **How is alcohol misuse placing at risk the health, safety or wellbeing of the referred person?** | | | | | | | | |
|  | | | | | | | | |
| **Are other people impacted by the referred person’s alcohol misuse? Please state who and how** | | | | | | | | |
|  | | | | | | | | |
| **Did you tell the referred person about this application?** | | | | | | Yes | | No |
| **If yes, what was their response?** | | | | | | | | |
|  | | | | | | | | |
| **Other relevant information** | | | | | | | | |
|  | | | | | | | | |
| **I understand that in order for this application to be progressed:**   * **the contents of this application may be discussed with the referred person; and** * **the referred person must be referred for a clinical assessment.** | | | | | | | | |
| **Date of application** | |  | | | | | | |
| 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(1)(d)-(f) 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](mailto:Legal.HEALTH@nt.gov.au). | | | | | | | | |