

unescorted while at destination exclusive of the days of patient's departure and return the duration, timing and number of staff escorting (if applicable) within the above leave categories require the approval of the relevant Director of Area Mental Health Services for each specific leave request.  OR; One off Leave for compassionate (e.g.; bereavement) or functional leave (e.g.; medical appointments)  reason for leave:  renue/Contact Details  onditions of Leave:  ictim Notification Register: o Registered Victim  Registered Victim	Application for Lea	ve to Director of Mental Health, Ministry of He	ealth
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Signature: Responsible Clinician Signature: Team Member/ Keyworker: Attachments: Covering Report Risk Management Plan Leave Approved:

Director of Area Mental

Date: Health Services:

Director of Mental Health: Date: