*Section 101 of the Firearms Act 1997 protects disclosures of information to NT Police by health practitioners where they believe on reasonable grounds that, in the interests of public safety, a person is not a fit and proper person to have a firearm in his or her possession or control. Of particular interest are high risk mental health patients known to have access to firearms.*

*Section 101 of the Firearms Act 1997 provides protection from civil or criminal liability that may otherwise arise, including a breach of confidentiality or professional rules or ethics, when disclosing information to the Police.*

*A health professional is defined in Section 101 of the Firearms Act 1997 as any person registered under the Health Practitioner Regulation National Law to practise in a health profession, other than as a diagnostic radiographer in the diagnostic radiographer division of the medical radiation practice profession, or a student. In addition to health practitioners, the reporting requirements of the Firearms Act 1997 also apply to professional counsellors and social workers.*

**Process to Follow**

1. Complete the form and email to firearms.mangement@pfes.nt.gov.au or fax to 08 8922 3540, OR, if urgent and outside of business hours;
2. Call the Police Assistance Line on 131 444 and email to police.assistance@pfes.nt.gov.au

**Patient Information**

SURNAME SEX M F X

FIRST NAME/S DATE OF BIRTH

ADDRESS

WHERE IS THE PATIENT CURRENTLY LOCATED? E.G. INPATIENT, ACCIDENT AND EMERGENCY, AT A RESIDENTIAL ADDRESS ECT.

*If in hospital, anticipated date of discharge. To ensure safety issues can be addressed, please give at least 6 hours notice to Police.* DATE OF DISCHARGE

ADDRESS WHERE PATIENT WILL BE DISCHARGED (IF DIFFERENT FROM RESIDENTIAL ADDRESS)

DESCRIBE THE CIRCUMSTANCES THAT LEAD YOU TO BELIEVE THAT THE PERSON MAY NOT BE A FIT AND PROPER PERSON TO HAVE A FIREARM IN HIS OR HER POSSESSION OR CONTROL. INCLUDE RELEVANT CONVERSATION, OBSERVATIONS, CIRCUMSTANCES, EFFECT OF MEDICAL CONDITION OR TREATMENT ON PERSON'S CAPACITY ETC.

DOES THE PERSON HAVE ACCESS TO THEIR OWN FIREARMS/PROHIBITED WEAPONS? YES NO UNKOWN

DOES THE PERSON HAVE ACCESS TO OTHER FIREARMS/PROHIBITED WEAPONS? YES NO UNKOWN

IF 'YES' INDICATE BELOW THE ADDRESS WHERE THE FIREARMS/PROHIBITED WEAPONS ARE LOCATED, FOR EXAMPLE WITH FRIENDS, NEIGHBOURS, SPOUSE OR OTHER RELATIVE.

**Health Professional Information**

HEALTH PRACTITIONER SOCIAL WORKER COUNSELLOR

NAME CONTACT NUMBER

SIGNATURE DATE

REPORTING LOCATION

 **ALL INFORMATION SUPPLIED IS TREATED IN THE STRICTEST CONFIDENCE**