**LEGAL and LEGISLATIVE SERVICES**

**REQUEST for LEGAL ADVICE or LEGISLATIVE ASSISTANCE**

***Strictly Confidential and Privileged***

#### Please **COMPLETE** **ALL SECTIONS**, and email your **APPROVED** Request Form to [**legal.services@health.wa.gov.au**](mailto:Legal.Services@health.wa.gov.au)

**Please Note**: Legal and Legislative Services (LLS) can only provide legal advice to the WA health system for WA health system matters. LLS does **not** generally provide advice on hypothetical scenarios. If you are unsure whether we can assist with your query, please call LLS on 9222 4038.

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| **1. TYPE OF ASSISTANCE** |
| Legal Advice  Legislative Assistance (e.g. Acts, Regulations, Orders, Delegations, Authorisations) |

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| **2. SUBJECT TITLE / ISSUE** |
| [ ] |

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| **3. PREFERRED DATE FOR COMPLETION**  Please Note: The expected minimum timeframe for requests is three weeks. If URGENT, please state why (eg. court listing, Ministerial Directive, legislative timeframe). Please provide a preferred date for completion, noting that we cannot always meet your requested date due to other priorities. | |
| **Preferred date for completion** | Click or tap to enter a date. |
| **Reason for urgency:** | |
| [ ] | |
| **Legislative Assistance Priority:**  Urgent  High Priority  Medium Priority  Low Priority | |
| **Reason for priority:** | |
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| **4. KEY DATES**  Do you know of any critical future dates? (e.g., hearing date or contractual completion date etc) |
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| **5. BACKGROUND**   * Provide full background details and outline relevant issues. * Have you or your team previously obtained legal advice on this issue from LLS or another source, such as State Solicitor’s Office? If so, please attach a copy of that advice. * Are there any business/operational risks or specific issues that make the matter sensitive? * Reference any statutory provisions which you think may have a bearing upon the issue. |
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| **6. SPECIFIC QUESTIONS / CONCERNS**  State clearly the **specific questions** **or concerns** on which legal advice or legislative assistance is sought. |
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| **7. RELEVANT DOCUMENTS**  **List and** **attach** relevant documents or advise if delivery to LLS will be by post/courier. Draft documents requiring review must be in **MS Word** format. |
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| **8. REQUESTED BY** | |
| **Name** | [ ] |
| **Position** | [ ] |
| **HE Number** | [ ] |
| **Division** | [ ] |
| **Health Service Provider** | [ ] |
| **Address** | [ ] |
| **Telephone** | [ ] |
| **Email** | [ ] |

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| **9. APPROVED BY**  Requests **MUST** be approved by the position shown in the relevant Authorisation Schedule. (Tier 2 officer for NMHS, EMHS, SMHS, CAHS, PathWest and HSS, Tier 3 for WACHS and Tier 4 for DoH) | | | |
| **Name** | [ ] | | |
| **Position** | [ ] | | |
| **Signature / HE Number** | [ ] | | |
| **Telephone** | [ ] | **Date** | Click or tap to enter a date. |