Mental Health Act

This application is only valid for 120 hours from the date of the first medical recommendation. The Clinical Director shall forward this application to the Commissioner within 48 hours of the person being admitted

IAO Ref No:

**APPLICATION**

**FOR A PERSON TO BE ADMITTED INVOLUNTARILY FOR OBSERVATION IN A LICENSED MENTAL HEALTH FACILITY**

To the Clinical Director Employed by the Licensed Mental Health Facility

**PART (A) – MEDICAL RECOMMENDATION**

Please make an Involuntary Admission for Observation for:

<table>
<thead>
<tr>
<th>Surname</th>
<th>Name</th>
<th>ID No</th>
<th>D.O.B.</th>
<th>Sex</th>
</tr>
</thead>
</table>

of

________________________________________________________________________________

________________________________________________________________________________

To be filled by medical practitioner

I am a medical practitioner and have personally examined the above person. It is my opinion that the criteria for Involuntary Admission for Observation of the Mental Health Act (*delete as applicable*) apply/do not apply to the person.

I base my opinion on the following facts:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Facts communicated to me by another person to support my opinion:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

(Name and Surname)   (Signature)   (Reg. No)

(Date)   (Time)
To be filled by specialist in mental health

I am a specialist in mental health and have personally examined the above mentioned person. It is my opinion that the criteria for Involuntary Admission for Observation of the Mental Health Act (delete as applicable) apply/do not apply to the person.

I base my opinion on the following facts:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Facts communicated to me by another person to support my opinion:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

(Name and Surname)        (Signature)        (Reg. No)

(Date)                     (Time)

To be filled by a second specialist in mental health in the case of a discrepancy between the two medical assessments

I am a specialist in mental health and have personally examined the above mentioned person. It is my opinion that the criteria for Involuntary Admission for Observation of the Mental Health Act (delete as applicable) apply/do not apply to the person.

I base my opinion on the following facts:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Facts communicated to me by another person to support my opinion:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

(Name and Surname)        (Signature)        (Reg. No)

(Date)                     (Time)
PART (B) – APPLICATION BY RESPONSIBLE CARER

Please make an Involuntary Admission for Observation for:

To be filled by responsible carer over the age of 18 years

| I____________________________ ID No ___________________ of (address) ____________________________ | |
| □ Request that ________________ ID No ___________ be involuntarily admitted for observation in a licensed mental health facility. |
| □ Do not request that ________________ ID No ___________ be involuntarily admitted for observation in a licensed mental health facility. |

Application is valid if Part [A] has been filled

I___________________________ ID No ________________ of (address) __________________________________________

I am the responsible carer for the above person by virtue of being:

□ a relative [state relationship] ____________________
□ appointed by above person to be his/her responsible carer [submit evidence]
□ others, I am his/her ______________________ [submit evidence]

_____________________________           ________________           _____________
(Signature)                   (Date)                      (Time)

PART (C) – APPLICATION BY MENTAL WELFARE OFFICER

Please make an Involuntary Admission for Observation for:

To be filled by approved mental welfare officer if responsible carer does not agree that person needs an involuntary admission or responsible carer is absent

| I____________________________ ID No ___________________ am a mental welfare officer appointed by the Minister in terms of the Mental Health Act request that ________________ ID No ___________ be involuntarily admitted for observation in a licensed mental health facility. |
| I___________________________ ID No ________________ am a mental welfare officer appointed by the Minister in terms of the Mental Health Act have reviewed ______________________ ID No ___________ and in my opinion the named person does not need an involuntary admission for observation in a licensed mental health facility because (specify) |

OR

I___________________________ ID No ________________ am a mental welfare officer appointed by the Minister in terms of the Mental Health Act have reviewed ______________________ ID No ___________ and in my opinion the named person does not need an involuntary admission for observation in a licensed mental health facility because (specify) |

_____________________________           ________________           _____________
(Signature)                   (Date)                      (Time)
PART (D) – To be filled by the Clinical Director of the Mental Health Facility after the person has been admitted

<table>
<thead>
<tr>
<th>The person for whom this application refers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) has been admitted on ward ______________ on (date) ____________ at (time) ____________</td>
</tr>
<tr>
<td>(b) is under the care of (responsible specialist) __________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(Signature)</th>
<th>(Official Stamp)</th>
<th>(Date)</th>
<th>(Time)</th>
</tr>
</thead>
</table>

To be filled by Commissioner

| Notification received on (date) ______________ at (time) ____________ |
| Comments |
| __________________________________________ |
| __________________________________________ |
| __________________________________________ |
| __________________________________________ |

<table>
<thead>
<tr>
<th>(Signature)</th>
<th>(Date)</th>
<th>(Time)</th>
</tr>
</thead>
</table>