MENTAL HEALTH ACT, 2012
SEVENTH SCHEDULE
[Articles 17, 18(2)]

Mental Health Act
This application is only valid for 120 hours from the date of the first medical
recommendation and shall be submitted to the Commissioner

CTO Ref No:

APPLICATION
FOR A PERSON TO BE PLACED ON A COMMUNITY TREATMENT ORDER

To the Commissioner for the Promotion of Rights of Persons with Mental Disorders

Please grant/renew a Community Treatment Order for:

<table>
<thead>
<tr>
<th>(Surname)</th>
<th>(Name)</th>
<th>(ID No)</th>
<th>(D.O.B.)</th>
<th>M / F</th>
</tr>
</thead>
</table>

of (address) ____________________________________________

Is person detained in a mental health facility under an Involuntary Admission for Treatment Order?

□ NO
□ YES  IATO Ref No: ______________
□ YES  EIATO Ref No: ______________
□ YES  CDO Ref No: ______________

Is person already under a Community Treatment Order?

□ NO
□ YES  CTO Ref No: ______________

PART (A) – MEDICAL RECOMMENDATION BY RESPONSIBLE SPECIALIST

To be filled by responsible specialist in mental health

I am a specialist in mental health and am the responsible specialist of the above named person. It is my opinion that the criteria for Community Treatment Order of the Mental Health Act apply to the person.

I base my opinion on the following facts:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

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

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

□ The multidisciplinary care plan required in terms of the Mental Health Act is attached with this application.

□ Key healthcare professional in terms of Article 18(3)(a) is __________________

□ Eighth Schedule is enclosed (only if required)

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

________________________   __________________________
(Date)                    (Time)

MHA 07/EN 1
### PART (B) – MEDICAL RECOMMENDATION BY MEDICAL PRACTITIONER

<table>
<thead>
<tr>
<th>To be filled by medical practitioner</th>
<th>I am a medical practitioner and have personally examined the above named person. It is my opinion that the criteria for a Community Treatment Order of the Mental Health Act apply to the person.</th>
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<tbody>
<tr>
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<td>I base my opinion on the following facts:</td>
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<td>Facts communicated to me by another person to support my opinion:</td>
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(Name and Surname) (Signature) (Reg. No)

(Date) (Time)

### PART (C) – APPLICATION BY RESPONSIBLE CARER

| To be filled by responsible carer over the age of 18 years | I _________________ ID No ________________ of (address) __________________________________________________________________________ |

Application is valid if Part [A], and, Part [B] have been filled

- Request that _________________ ID No ________________ be placed on a Community Treatment Order.
- Do not request that _________________ ID No ________________ be placed on a Community Treatment Order.

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 (D) – APPLICATION BY MENTAL WELFARE OFFICER

**To be filled by mental welfare officer if responsible carer does not agree that person needs a community treatment order 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 placed on a Community Treatment Order.

I certify that

- □ the responsible carer has not agreed to such an Order
- □ the responsible carer cannot be found
- □ I have reviewed the above named person
- □ there are valid reasons for a Community Treatment Order

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 a Community Treatment Order because (specify)

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

_________ ___________ ______
(Signature) (Date) (Time)

**Application is valid if Part [A], and, Part [B] have been filled**

**To be filled by Commissioner**

Application received on (date) ____________ at (time) ______

- □ Care Plan submitted
- □ Key Healthcare Professional identified
- □ Medical Treatment is not to be provided by responsible specialist
- □ Medical Treatment is not to be provided by medical practitioner signing Part B of this Schedule
- □ Eighth Schedule submitted
<table>
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<tr>
<th>Comments</th>
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**DECISION**

- Community Treatment Order granted/renewed for a period of ___________ (months) and shall expire on (date) ___________
- Community Treatment Order not granted/renewed because:
  - 
  - 
  - 
  - 
  - 
  - 

My decision was communicated in writing to the:

- Responsible Specialist on (date) _____________
- Medical Practitioner on (date) _____________
- Person and / or Responsible Carer on (date) _____________

(Signature) (Date) (Time)