MENTAL HEALTH ACT, 2012
SECOND SCHEDULE
[Article 9(1) and 10(2)]

<table>
<thead>
<tr>
<th>Mental Health Act</th>
<th>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</th>
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<td>IAO Ref No:</td>
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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>M / F</th>
<th>(Sex)</th>
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<tr>
<td>of (address)</td>
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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:

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</table>

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

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

(Date)  (Time)
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

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

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

☐ a relative [state relationship] ____________________________

☐ appointed by above person to be his responsible carer [submit evidence]

☐ others, I am his ____________________________ [submit evidence]

   (Signature)          (Date)          (Time)

PART (C) – APPLICATION BY MENTAL WELFARE OFFICER

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. I request
  that ______________________ ID No _______________ be involuntarily admitted
  for observation in a licensed mental health facility.

I certify that:

☐ the responsible carer has not agreed to such an admission

☐ the responsible carer cannot be found

☐ I have reviewed the above named person

☐ there are valid reasons for an involuntary admission for observation

☐ in my opinion it is not safe to give the required care in the community

   OR

I ___________________________ ID No _______________ am a mental welfare
  officer appointed by the Minister in terms of the Mental Health Act. I 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**

The person for whom this application refers:

(a) has been admitted on ward _____________ on (date) _____________ at (time) _____________
(b) is under the care of (responsible specialist) ____________________

_________________________    ____________________________    ____________________________    
(Signature)                  (Official Stamp)                  (Date)                           (Time)

To be filled by
Commissioner

Notification received on (date) _____________ at (time) _____________

**Comments**

_________________________    ____________________________    ____________________________    
(Signature)                  (Date)                           (Time)