

Section 3 – application by an approved mental health professional for admission for treatment

To the managers of *(name and address of hospital)*

I *(PRINT your full name, address and, if sending by means of electronic communication, email address)*

apply for the admission of *(PRINT full name and address of patient)*

for treatment in accordance with Part 2 of the Mental Health Act 1983.

I am acting on behalf of *(name of local social services authority)*

and am approved to act as an approved mental health professional for the purposes of the Act by *(delete as appropriate)*

that authority

(name of local social services authority that approved you, if different)

Complete the following where consultation with the nearest relative has taken place.

Complete (a) or (b) and delete the other.

(a) I have consulted *(PRINT full name and address)*

who to the best of my knowledge and belief is the patient's nearest relative within the meaning of the Act.

(b) I have consulted *(PRINT full name and address)*

who I understand has been authorised by a county court / the patient's nearest relative* to exercise the functions under the Act of the patient's nearest relative. (* *Delete the phrase which does not apply*)

That person has not notified me or the local social services authority on whose behalf I am acting that he or she objects to this application being made.

Complete the following where the nearest relative has not been consulted.

Delete whichever two of (a), (b) and (c) do not apply.

- (a) I have been unable to ascertain who is this patient's nearest relative within the meaning of the Act.
- (b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Act.
- (c) I understand that (*PRINT full name and address*)

is

- (i) this patient's nearest relative within the meaning of the Act,
 - (ii) authorised to exercise the functions of this patient's nearest relative under the Act,
- (Delete either (i) or (ii))

but in my opinion it is not reasonably practicable/would involve unreasonable delay (*delete as appropriate*) to consult that person before making this application, because –

(If you need to continue on a separate sheet please indicate here () and attach that sheet to this form)

The remainder of this form must be completed in all cases.

I saw the patient on

/ /

(date)

which was within the period of 14 days ending on the day this application is completed.

I have interviewed the patient and I am satisfied that detention in a hospital is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient –

(If you need to continue on a separate sheet please indicate here () and attach that sheet to this form)

Signed

Date

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