## MENTAL HEALTH ACT, 2012 THIRTEENTH SCHEDULE

[Article **30**(1)]

Mental Health A	this application	this application to the Commissioner within 48 hours of the person being				
	admitted toge	ther with the Seco	nd Schedule.			
		IAO Ref No: NOTIFICATI	ON			
	IALIST WITH CLIN MENTAL HEALTH I FOR (	NICAL EXPERIE	NCE OF WORK AN INVOLUNT			
To the Clinical Di	rector employed by the	he Licensed Menta	l Health Facility			
To be filled by a specialist who has clinical experience of working with minors with	I the undersigned, a specialist with clinical experience of working with minors with mental health problems, and having been so appointed by the Minister in terms of the Mental health Act certify that:  (a) I have personally reviewed the minor					
mental health	(C)	(NI)	(ID N <sub>2</sub> )	(D O D)	$-\frac{\mathbf{M}/\mathbf{F}}{(\mathbf{S}-\mathbf{F})}$	
problems and has so been appointed by the Minister in	(Surname) of (address)	(Name)	(ID No)	( <b>D.O.B</b> )	(Sex)	
Minister in terms of the of (address)						
Mental Health						
Act.	<ul><li>(b) The criteria for involuntary admission to a licensed mental health facility of the said Act apply to this minor</li><li>(c) Treatment can not be safely given in the community.</li></ul>					
	(Official Stamp)	(Signa	ature)	(Reg. No)		
	(Date)	<u></u>	-	(Time)	<del></del>	
To be filled by Commissioner	Notification received Comments	d on (date)	at (ti	ime)		
	(Signature)		(Date)		(Time)	

MHA 13/EN 1