

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

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:				
_____	_____	_____	_____	<u>M / F</u>
(Surname)	(Name)	(ID No)	(D.O.B.)	(Sex)
of (address) _____				

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 (<i>delete as applicable</i>) 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) _____

Application is valid if Part [A] has been filled

- 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/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 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 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)