**FAX MESSAGE**

**TO:**

**FAX:**

**EMAIL:**

**ALLIED ADMISSIONS**

**01 522 7342**

**request@alliedadmissions.ie**

APPROVED CENTRE:

Contact Person:

Mobile Number:

Landline:

Pages: (incl cover sheet):

Date:

Enclosed with this fax:

Please tick 

* Request for provision of an Assisted Admission □
* Basic Risk Assessment □
* Court Order □
* Parental Consent □

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**Request for the provision of an Assisted Admission team**

**pursuant to s.25(6) Mental Health Act, 2021**

**Pursuant to s.25(6) of the Mental Health Act, 2001 I am requesting the provision of an assisted admission for the removal of**

**Name:**

**Address:**

**To: Approved Centre**

**Signed: Print Name: Position: Date:**