Coimisiún Meabhair-Shláinte | Mental Health Commission

APPLICATION (TO A REGISTERED MEDICAL PRACTITIONER) BY **ANY OTHER PERSON*** FOR A RECOMMENDATION FOR INVOLUNTARY ADMISSION OF AN ADULT (TO AN APPROVED CENTRE)

*Other than a Spouse / Civil Partner / Relative / Authorised Officer or member of An Garda Síochána

Revised July 2019

FORM 4

Mental Health Acts 2001 to 2018

Section 9

PLEASE COMPLETE IN BLOCK CAPITALS

1. Full name of person to be admitted to an Approved Centre

2. Full address of person to be admitted to an Approved Centre

Eircode:

3. Date of birth OR age (if date of birth not known) ☐☐/☐☐/☐☐☐☐ **Age:** _____ **Gender:** **M** ☐ **F** ☐

4. Applicant's full name **First name:** **Surname:**

5. Applicant's full address

Eircode:

6. Applicant's telephone number

7. State any connection of applicant with person

I am applying for a recommendation for the involuntary admission of the above named person because:

8. State reason for making an application

9. Circumstances in which the application is made

10. Name and address of Approved Centre for admission

A person shall not make an application unless he or she has observed the person who is the subject of the application not more than 48 hours before the date of the making of the application.

I last observed the person on:

11. Date: ☐☐/☐☐/☐☐☐☐ **Time:** ☐☐:☐☐ (24 hour clock e.g. 2:41pm is written as 14:41)

For use only in accordance with the Mental Health Acts 2001 to 2018. Penalties apply for giving false or misleading information.
NOTE: For information in relation to the legislation, please refer to **www.mhcirl.ie/legislation**.
For information in relation to the Section of the Mental Health Act 2001 to which this form refers, please click **here**.

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12. Previous refusal: **Has there been a previous refusal?** **Yes** ☐ **No** ☐

13. Date of refusal ☐☐/☐☐/☐☐☐☐

14. Circumstances pertaining to the refusal

15. Name of doctor who refused application

Please note it is an offence not to disclose all information that you are aware of that relates to any previous applications for involuntary admission and their refusal.

16. **To the best of my knowledge and belief I am not disqualified from making this application for reasons set out in Section 9(2) of the Mental Health Acts 2001 to 2018.**

Signature of the applicant:

Date: ☐☐/☐☐/☐☐☐☐ **Time:** (24 hour clock e.g. 2:41pm is written as 14:41) ☐☐:☐☐

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