



APPLICATION (TO A REGISTERED MEDICAL PRACTITIONER)  
BY **AUTHORISED OFFICER\*** FOR A RECOMMENDATION  
FOR INVOLUNTARY ADMISSION OF AN ADULT  
(TO AN APPROVED CENTRE)

\*Subject to Section 9(8)

Revised July 2024

**FORM 2**

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)

		/			/				
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Age: \_\_\_\_\_

Gender: M ☐ F ☐

4. Applicant's full name

First name:	Surname:
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5. Applicant's full  
professional address

Eircode:

6. Applicant's telephone  
number

7. State reason for making  
application

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


8. Circumstances in which  
application is made


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 <https://www.mhcirl.ie/what-we-do/mental-health-tribunals/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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9. 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:

10. Date:

		/			/				
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Time: 

		:		
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(24 hour clock e.g. 2:41pm is written as 14:41)

11. Previous refusal:

To the best of your knowledge, has there been a previous refusal of an application?

Yes ☐ No ☐ I don't know ☐

If the answer to Section 11 is Yes, please complete Sections 12, 13 and 14.

12. Date of refusal:

		/			/				
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13. Circumstances pertaining  
to the refusal


14. Name of doctor who  
refused application

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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.

15. 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  
Authorised Officer:

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Date:

		/			/				
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Time: 

		:		
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