mhc

APPLICATION (TO A REGISTERED MEDICAL PRACTITIONER) BY **A MEMBER OF AN GARDA SÍOCHÁNA** FOR A RECOMMENDATION FOR INVOLUNTARY ADMISSION OF AN ADULT (TO AN APPROVED CENTRE)

Revised July 2023

FORM 3A

Mental Health Acts 2001 to 2018 as amended **Section 9(1)(c)**

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. An Garda Síochána's full name

First name: **Surname:**

I am a member of An Garda Síochána based at:

5. Name and address of Garda Station

6. An Garda Síochána's telephone number

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

7. State reason for making application

8. Circumstances in which application is made

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.

9. Date

I last observed the person on: ☐☐ / ☐☐ / ☐☐☐☐

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

10. Confirmation

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. ☐

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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11. Name and address of Approved Centre for admission

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.

Signature of Garda: _____

Garda Number: _____

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

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