



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 April 2024

**FORM 3B**

Mental Health  
Acts 2001 to 2018  
as amended  
**Section 12 (1)**

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

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F

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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

7. I have reasonable grounds for believing that this person is suffering from a mental disorder AND, because of that mental disorder, there is a serious likelihood of this person causing immediate and serious harm to himself or herself or others for the following reasons:


\*Additional page to be appended if details cannot be completed in the box above.

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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8. Date and time taken into  
custody

Date   /   /

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

9. Place of custody

10. Name and address of  
Approved Centre for admission

  
  
  

11. Previous refusal:

Has there been a previous refusal?

Yes

☐

No

☐

12. Date of refusal:

/   /

13. Circumstances pertaining  
to the refusal

  
  

14. 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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