

**APPLICATION BY NEAREST RELATIVE
FOR ADMISSION FOR ASSESSMENT**

[Before completing this form please read the notes overleaf]

(name and address of
responsible authority)

To

(full name and address
of applicant)

I

hereby apply for the admission of

(full name and address
of patient)

(name of hospital)

to

for assessment in accordance with Part II of the Mental Health (Northern Ireland) Order 1986

Delete (a) or (b)

(a) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Order. I am the patient's

(state relationship)

(b) I have been authorised by a county court to exercise the functions under the Order of the patient's nearest relative. A copy of the court order is attached to this application.

(date)

I last saw the patient on

This application is founded on and accompanied by a medical recommendation in the prescribed form.

If the medical practitioner did not know the patient before making his/her recommendation, please explain why you could not get a recommendation from a medical practitioner who did know the patients:-

Signed: _____ Date: _____

NOTES

(These notes are for guidance only and do not constitute an exact statement of the provisions of the Order)

1. The nearest relative of a patient within the meaning of the Order is determined by the provisions of Articles 32 to 36 of the Order. In most cases it should be quite clear who is entitled to carry out the functions of the nearest relative. However, if, after reading these notes, you are still in doubt, you should consult a solicitor.
2. The Order defines “relative” as any of the following:-
 - (a) spouse
 - (b) child
 - (c) parent
 - (d) brother or sister
 - (e) grandparent
 - (f) grandchild
 - (g) uncle or aunt
 - (h) nephew or niece

The “nearest relative” for the purposes of the Order is then defined as the first person listed who is caring for the patient, or, if the patient is already in hospital, was caring for the patient before admission. For example, if a patient is being cared for by a grandchild, that grandchild would be the nearest relative within the meaning of the Order even though a son or daughter was still alive. The following additional points should be noted:-

- i. if the patient has relatives but none is or was caring for him, then, the “nearest relative” is simply the first person listed;
 - ii. where there are two or more relatives in any one category, the elder or eldest is preferred;
 - iii. an illegitimate person is treated as the legitimate child of his mother;
 - iv. in deducing relationships, a relative of the half-blood is treated as a relative of the whole blood but, in any particular category of relative, a relative of the whole blood is preferred to a relative of the half-blood;
 - v. where the person who would otherwise be the nearest relative of a patient is under 18 years of age, that person is disregarded unless he or she is the spouse or parent of the patient.
 - vi. where a marriage is broken up, and the person who would otherwise be the nearest relative of the patient by virtue of being his or her spouse is no longer living the patient, that person is disregarded;
 - vii. where a person who would otherwise be the nearest relative ordinarily resides outside the United Kingdom, the Channel Islands, the Isle of Man or the Republic of Ireland, that person is disregarded unless the patient also ordinarily resides outside those countries;
 - viii. for the purposes of the Order, the term “spouse” includes a person who is living with the patient as though they were married, or – if the patient is already in hospital – had been so living with him or her before admission, and has been or had been so living for not less than 6 months. If such a person is making the application, he or she should state the relationship with the patient as “spouse” and should add the words “by virtue of Article 32 (5) of the Order”;
 - ix. a person with whom the patient ordinarily resides and has been so resident for at least 5 years, but who is not a relative and cannot be regarded as a “spouse” in the terms of the previous subparagraph, is treated as the nearest relative within the meaning of the Order if he or she is caring for the patient or, where the patient is already in hospital, was caring for the patient before admission. If such a person is making the application, he or she should state the relationship with the patient as “friend with whom the patient has resided in terms of Article 32(6) of the Order”.
3. Article 33 deals with cases where children are taken into care, and provides that the Health and Social Services Board, HSS trust or person exercising parental rights in such a case is deemed to be the nearest relative within the meaning of the Order.
 4. Article 34 deals with cases where children are under guardianship or in the custody of one parent, and provides that the person having the guardianship or custody of the patient shall be deemed to be the nearest relative for the purposes of the Order.
 5. Article 35 allows the nearest relative of a patient who is detained in hospital or subject to guardianship under the Order to assign his or her functions under the Order to a person willing to assume them. In this situation Form 20 must be completed;
 6. Article 36 enables a county court to appoint an acting nearest relative in any case where an application is made to it in accordance with the provisions of that Article.

**APPLICATION BY AN APPROVED
SOCIAL WORKER FOR ADMISSION FOR ASSESSMENT**

(name and address of
responsible authority)

To

(full name and
address of applicant)

I

hereby apply for the admission of

(full name and address
of patient)

(name of hospital)

to

for assessment in accordance with Part II of the Mental Health (Northern
Ireland) Order 1986

(name of Board or HSS
trust)

I am an officer of

appointed to act as an approved social worker for the purpose of the
Order.

**The following section should be completed if nearest relative
consulted.**

Delete either (a) or (b) AND either (c) or (d) as appropriate

(name and address)

(a) I have consulted

who, to the best of my knowledge and belief, is the patient's nearest
relative within the meaning of the Order.

OR

(name and address)

(b) I have consulted

who I understand has been authorised by a county court to exercise the
functions under the Order of the patient's nearest relative.

AND

(c) That person has not notified me or the responsible Authority that he/she
objects to this application being made.

OR

(d) That person has notified

***(Delete whichever
does not apply)**

* me
*the responsible Authority

that he/she objects to this application
being made and

Please turn over

(name and office address of approved social worker)

I have consulted

(name of Board or HSS trust)

an officer of

appointed to act as an approved social worker for the purposes of the Order.

The following section should be completed if nearest relative not consulted.

Delete (i), (ii) or (iii) as appropriate.

(i) I have been unable to ascertain who is the patient's nearest relative within the meaning of the Order.

OR

(ii) To the best of my knowledge and belief the patient has no nearest relative within the meaning of the Order.

OR

***(Delete the phrase which does not apply)**

(iii) In my opinion it is not reasonably practicable
would involve unreasonable delay

to consult

(name and address)

***(Delete the phrase which does not apply)**

who is the patient's nearest relative
authorised to exercise the functions of the patient's nearest relative before making this application.

The following section must be completed in all cases

(date) I last saw the patient on

I have interviewed the patient and I am satisfied that detention in a hospital is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

This application is founded on and accompanied by a medical recommendation in the prescribed form.

If the medical practitioner did not know the patient before making his/her recommendation, please explain why you could not get a recommendation from a medical practitioner who did know the patient:-

Signed: _____ Date: _____

**MEDICAL RECOMMENDATION FOR
ADMISSION FOR ASSESSMENT**

(name and address of
responsible Authority)

To

(full name and professional
address of medical
practitioner)

I

, a medical practitioner, recommended that

(full name and address
of patient)

Be admitted to hospital for assessment in accordance with Part II of the
Mental Health (Northern Ireland) Order 1986.

(date) I last examined this patient on

***(Delete if not applicable)** *I am the patient's medical practitioner.

OR

*I had previous acquaintance with the patient before I conducted that
examination.

I am of the opinion –

(a) that the patient is suffering from mental disorder of a nature or
degree which warrants his/her detention in a hospital for
assessment (or for assessment followed by medical treatment);

AND

(b) that failure to so detain him/her would create a substantial
likelihood of serious physical harm to himself/herself or to other
persons.

My opinion at (a) above is based on the following grounds:-

[Give a clinical description of the patient's mental condition.]

My opinion at (b) above is based on the following evidence:-

[Have regard only to evidence –

(i) that the patient has inflicted, or threatened or attempted to inflict,
serious physical harm on himself/herself;

OR

- (ii) that the patient's judgement is so affected that he/she is, or would soon be, unable to protect himself/herself against serious physical harm and that reasonable provision for his/her protection is not available in the community;

OR

- (iii) that the patient has behaved violently towards other persons;

OR

- (iv) that the patient has so behaved himself/herself that other persons were placed in reasonable fear of serious physical harm to themselves.]

Signed: _____ Date: _____

**MEDICAL CERTIFICATE TO EXTEND
TIME LIMIT FOR CONVEYING PATIENT TO
HOSPITAL**

An application for assessment in respect of

(name and address
of patient)

has been duly completed in accordance with Part II of the Mental Health (Northern Ireland) Order 1986.

(full name and professional
address of medical
practitioner)

I	

am a medical practitioner appointed for the purposes of Part II of the Order by the Regulation and Quality Improvement Authority.

(state the number of days)

I certify that it is necessary to extend to

--

The time limit for conveying the patient

(name of hospital)

to

--

This extension is necessary due to the following exceptional circumstances:-

[State the exceptional circumstances which make the extension necessary.]

Signed: _____ Date: _____

**MEDICAL PRACTITIONER'S REPORT
ON HOSPITAL IN-PATIENT NOT
LIABLE TO BE DETAINED**

(name and address
of responsible authority)

To

(full name)

I am

a medical practitioner on the staff of

(name of hospital)

(full name of patient)

is an in-patient

In this hospital but is not liable to be detained there under the Mental Health (Northern Ireland) Order 1986.

I hereby report for the purposes of Article 7(2) of the Order that it appears to me that an application for assessment ought to be made in respect of this patient for the following reasons:-

[Reasons should indicate why voluntary treatment is not or is no longer appropriate.]

Signed: _____ Date: _____

Time: _____

**NURSE'S RECORD IN RESPECT OF
HOSPITAL IN-PATIENT
NOT LIABLE TO BE DETAINED**

(name and address of
of responsible Authority)

To

(full name of patient)

is receiving

treatment for mental disorder as an in-patient in

(name of hospital)

, but is not liable to be detained there under the Mental Health
(Northern Ireland) Order 1986.

It appears to me -

(a) that an application for assessment ought to be made in respect
of this patient;

AND

(b) that it is not practicable to secure the immediate attendance of
a medical practitioner for the purpose of furnishing a report
under Article 7(2) of the Order.

(full name of nurse)

I am , a

Nurse registered -

***(Delete if not applicable)**

*(a) in Part 3 (first level nurse trained in the nursing of persons
suffering from mental illness)

*(b) in Part 5 (first level nurse trained in the nursing of persons
suffering from learning disability)

*(c) in part 13 (nurse qualified following a course of preparation in
learning disability nursing)

*(d) in part 14 (nurse qualified following a course of preparation in
learning disability nursing)

of the professional register.

Signed: _____ Date: _____

Time: _____

REPORT OF MEDICAL EXAMINATION
IMMEDIATELY AFTER ADMISSION
FOR ASSESSMENT

(name and address of
of responsible Authority)

To

(full name and professional
address of medical
practitioner)

I

(full name and address
of patient)

examined

(name of hospital)

Immediately after he/she was admitted to

for assessment

In accordance with Part II of the Mental Health (Northern
Ireland) Order 1986

(date)

on

In my opinion this patient –

***(Delete as appropriate)**

- *(i) should be detained in hospital for assessment in accordance with Part II of the Order.
- *(ii) should remain in hospital for assessment and he/she has agreed to do so on a voluntary basis.
- *(iii) does not require to remain in hospital.

My opinion is based on the following grounds:-

[Give a clinical description of the patient's mental condition.]

I did not give the medical recommendation on which the application for
assessment in respect of the patient is founded.

***(Delete if not applicable)**

*I am the patient's responsible medical officer.

OR

* I am a medical practitioner appointed for the purposes of Part II of the
Order by the Regulation and Quality Improvement Authority.

OR

*I am a medical practitioner on the staff of

(name of hospital)

Signed: _____ Date: _____

Time: _____

**EXTENSION OF ASSESSMENT PERIOD
FROM 48 HOURS TO 7 DAYS
- MEDICAL REPORT**

(name and address of
of responsible authority)

To

(full name of patient)

was admitted to

(name of hospital)

for assessment in

accordance with Part II of the Mental Health (Northern Ireland)
Order 1986

(date)

on

The medical practitioner who examined this patient immediately after
he/she was so admitted to hospital was not the responsible medical
officer or a medical practitioner appointed for the purposes of Part II of
the Order by the Regulation and Quality Improvement Authority.

(full name and
professional address of
medical practitioner)

I

(date)

examined this patient on

(time)

at

***(Delete if not applicable)**

*I am the patient's responsible medical officer.

OR

*It is not practicable for this examination to be carried out by the
responsible medical officer. I am a medical practitioner appointed for
the purposes of Part II of the Order by the Regulation and Quality
Improvement Authority.

In my opinion this patient -

***(Delete as appropriate)**

*(i) should be detained in hospital for assessment for a further
period.

*(ii) should remain in hospital for assessment and he/she has
agreed to do so on a voluntary basis.

*(iii) does not require to remain in hospital.

This opinion is based on the following grounds:-

[Give a clinical description of the patient's mental condition.]

Signed: _____ Date: _____

**MEDICAL REPORT TO EXTEND
ASSESSMENT PERIOD
FOR A FURTHER 7 DAYS**

(name and address of
of responsible authority)

To

(full name of patient)

was admitted to

(name of hospital)

for assessment in
accordance with Part II of the Mental Health (Northern Ireland)
Order 1986

(date)

on

(full name and
professional address of
medical practitioner)

I

examined this patient

(date)

on

***(Delete if not applicable)**

*I am this patient's responsible medical officer.

OR

*It is not practicable for this examination to be carried out by the responsible medical officer. I am a medical practitioner appointed for the purposes of Part II of the Order by the Regulation and Quality Improvement Authority.

In my opinion this patient should be detained in hospital for assessment for further period.

This opinion is based on the following grounds:-

[Give a clinical description of the patient's mental condition.]

Signed: _____ Date: _____

**MEDICAL REPORT
FOR DETENTION FOR TREATMENT**

(name and address of responsible authority)

To

(full name of patient)

(name of hospital)

was compulsory admitted to

(date)

on

(full name and professional address of medical practitioner)

I

, a medical practitioner appointed for the purposes of Part II of the Mental Health (Northern Ireland) Order 1986 by the Regulation and Quality Improvement Authority, examined this patient

(date)

on

In my opinion –

(a) this patient is suffering from

*(delete if not applicable)

*mental illness
*severe mental impairment

of a nature or degree which warrants his/her detention in hospital for medical treatment;

My opinion at (a) above is based on the following evidence:-

(give a clinical description of the patient's mental condition)

Please turn over

AND

- (b) failure to so detain him/her would create a substantial likelihood of serious physical harm to himself/herself or to other persons.

My opinion at (b) is based on the following grounds:-

[Have regard only to evidence (**all options referenced must be evidenced in the text below**):-

- (i) that the patient has inflicted, or threatened or attempted to inflict, serious physical harm on himself/herself;

OR

- (ii) that the patient's judgement is so affected that he/she is, or would soon be, unable to protect himself/herself against serious physical harm and that reasonable provision for his/her protection is not available in the community;

OR

- (iii) that the patient has behaved violently towards other persons;

OR

- (iv) that the patient has so behaved himself/herself that other persons were placed in reasonable fear of serious physical harm to themselves.]

Please turn over

**REPORT BY RESPONSIBLE
MEDICAL OFFICER FOR RENEWAL
OF AUTHORITY FOR DETENTION
FOR 6 MONTHS OR ONE YEAR**

(name and address of
of responsible authority)

To

(full name of patient)

(name of hospital)

was compulsorily admitted to

(date)

on

(full name and professional
address of responsible
medical officer)

I

examined this patient

(date)

on

I am this patient's responsible medical officer.

In my opinion –

***(Delete if not applicable)**

(a) this patient is suffering from *mental illness
 *severe mental impairment

of a nature or degree which warrants his/her detention in hospital for
medical treatment;

AND

(b) failure to so detain him/her would create a substantial likelihood
of serious physical harm to himself/herself or to other persons.

My opinion at (a) above is based on the following grounds:-

[Give a clinical description of the patient's mental condition.]

Please turn over

My opinion at (b) above is based on the following evidence:-

[Have regard only to evidence –

(i) that the patient has inflicted, or threatened or attempted to inflict, serious physical harm on himself/herself;

OR

(ii) that the patient's judgement is so affected that he/she is, or would soon be, unable to protect himself/herself against serious physical harm and that reasonable provision for his/her protection is not available in the community;

OR

(iii) that the patient has behaved violently towards other persons;

OR

(iv) that the patient has so behaved himself/herself that other persons were placed in reasonable fear of serious physical harm to themselves;

AND specify whether other methods of dealing with the patient are available and, if so, why they are not appropriate.]

Signed: _____ Date: _____

**JOINT MEDICAL REPORT FOR FIRST
RENEWAL OF AUTHORITY
FOR DETENTION FOR ONE YEAR**

(name and address of
of responsible authority)

To

(full name of patient)

--

was compulsorily admitted to

(name of hospital)

--

(date)

on

--

(full name and
professional address of
first medical practitioner)

I

(date)

examined this patient on

--

I am a medical practitioner appointed for the purposes of Part II of the Mental Health (Northern Ireland) Order 1986 by the Regulation and Quality Improvement Authority. I am not on the staff of the hospital in which the above named patient is detained and I have not given either the medical recommendation on which the application for assessment in relation to this patient was founded or any medical report in relation to this patient under Article 9 or 12(1) of the Order.

(full name and
professional address of
second medical practitioner)

I

(date)

examined this patient on

--

I am a medical practitioner appointed for the purposes of Part II of the Order by the Regulation and Quality Improvement Authority.

In our opinion –

***(Delete if not applicable)**

(a) this patient is suffering from

*mental illness

*severe mental impairment

of a nature or degree which warrants his/her detention in hospital for medical treatment;

AND

(b) failure to so detain him/her would create a substantial likelihood of serious physical harm to himself/herself or to other persons.

Our opinion at (a) above is based on the following grounds:-

[Give a clinical description of the patient's mental condition.]

Our opinion at (b) above is based on the following evidence:-

[Have regard only to evidence –

(i) that the patient has inflicted, or threatened or attempted to inflict, serious physical harm on himself/herself;

OR

(ii) that the patient's judgement is so affected that he/she is, or would soon be, unable to protect himself/herself against serious physical harm and that reasonable provision for his/her protection is not available in the community;

OR

(iii) that the patient has behaved violently towards other persons;

OR

(iv) that the patient has so behaved himself/herself that other persons were placed in reasonable fear of serious physical harm to themselves;

AND specify whether other methods of dealing with the patient are available and, if so, why they are not appropriate.]

Signed: _____ Date: _____

Signed: _____ Date: _____

**GUARDIANSHIP APPLICATION BY
NEAREST RELATIVE**

[Before completing this form please read the notes attached]

**PART 1
(To be completed by the nearest relative)**

(name and address of responsible authority) To

(full name and address of applicant) I

hereby apply for the reception of

(full name and address of patient)

(full name and address of proposed guardian) into the guardianship of

in accordance with Part II of the Mental Health (Northern Ireland) Order 1986.

Delete (a) or (b)

(a) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the order. I am the patient's

(state relationship)

OR

(b) I have been authorised by a county court to exercise the functions under the Order of the patient's nearest relative. A copy of the court order is attached to this application.

Delete (i) or (ii)

(date) (i) The patient's date of birth is

OR

(ii) I believe the patient is aged 16 years or over.

(date) I last saw the patient on

Please turn over

This application is founded on and accompanied by two medical recommendations and a recommendation by an approved social worker in the prescribed form.

If neither of the medical practitioners knew the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did know the patient:-

Signed: _____ Date: _____

PART II
(To be completed by the *proposed guardian)

(full name and address of proposed guardian

I

am willing to act as the guardian of

(name of patient)

in accordance with Part II of the Mental Health (Northern Ireland) Order 1986.

Signed: _____ Date: _____

***(Complete only if proposed guardian is not the responsible authority)**

NOTES

(These notes are for guidance only and do not constitute an exact statement of the provisions of the Order)

1. The nearest relative of a patient within the meaning of the Order is determined by the provisions of Articles 32 to 36 of the Order. In most cases it should be quite clear who is entitled to carry out the functions of the nearest relative. However, if, after reading these notes, you are still in doubt, you should consult a solicitor.
2. The Order defines “relative” as any of the following:-
 - (a) spouse
 - (b) child
 - (c) parent
 - (d) brother or sister
 - (e) grandparent
 - (f) grandchild
 - (g) uncle or aunt
 - (h) nephew or niece

The “nearest relative” for the purposes of the Order is then defined as the first person listed who is caring for the patient, or, if the patient is already in hospital, was caring for the patient before admission. For example, if a patient is being cared for by a grandchild, that grandchild would be the nearest relative within the meaning of the Order even though a son or daughter was still alive. The following additional points should be noted:-

- i. if the patient has relatives but none is or was caring for him, then, the “nearest relative” is simply the first person listed;
 - ii. where there are two or more relatives in any one category, the elder or eldest is preferred;
 - iii. an illegitimate person is treated as the legitimate child of his mother;
 - iv. in deducing relationships, a relative of the half-blood is treated as a relative of the whole blood but, in any particular category of relative, a relative of the whole blood is preferred to a relative of the half-blood;
 - v. where the person who would otherwise be the nearest relative of a patient is under 18 years of age, that person is disregarded unless he or she is the spouse or parent of the patient;
 - vi. where a marriage is broken up, and the person who would otherwise be the nearest relative of the patient by virtue of being his or her spouse is no longer living the patient, that person is disregarded;
 - vii. where a person who would otherwise be the nearest relative ordinarily resides outside the United Kingdom, the Channel Islands, the Isle of Man or the Republic of Ireland, that person is disregarded unless the patient also ordinarily resides outside those countries;
 - viii. for the purposes of the Order, the term “spouse” includes a person who is living with the patient as though they were married, or – if the patient is already in hospital – had been so living with him or her before admission, and has been or had been so living for not less than 6 months. If such a person is making the application, he or she should state the relationship with the patient as “spouse” and should add the words “by virtue of Article 32 (5) of the Order”;
 - ix. a person with whom the patient ordinarily resides and has been so resident for at least 5 years, but who is not a relative and cannot be regarded as a “spouse” in the terms of the previous subparagraph, is treated as the nearest relative within the meaning of the Order if he or she is caring for the patient or, where the patient is already in hospital, was caring for the patient before admission. If such a person is making the application, he or she should state the relationship with the patient as “friend with whom the patient has resided in terms of Article 32(6) of the Order”.
3. Article 33 deals with cases where children are taken into care, and provides that the Health and Social Services Board, HSS trust or person exercising parental rights in such a case is deemed to be the nearest relative within the meaning of the Order.
 4. Article 34 deals with cases where children are under guardianship or in the custody of one parent, and provides that the person having the guardianship or custody of the patient shall be deemed to be the nearest relative for the purposes of the Order.
 5. Article 35 allows the nearest relative of a patient who is detained in hospital or subject to guardianship under the Order to assign his or her functions under the Order to a person willing to assume them. In this situation Form 20 must be completed.
 6. Article 36 enables a county court to appoint an acting nearest relative in any case where an application is made to it in accordance with the provisions of that Article.

**GUARDIANSHIP APPLICATION BY
APPROVED SOCIAL WORKER**

PART I

(name and address of
responsible authority

To

(full name and address
of applicant)

I

hereby apply for the reception of

(full name and address
of patient)

(full name and address of
proposed guardian)

into the guardianship of

in accordance with Part II of the Mental Health (Northern Ireland) Order 1986.

(name of Board or HSS
trust)

I am an officer of

--

appointed to act as an approved social worker for the purposes of the Order. I did not give the recommendation under Article 18(3)(b) of the Order on which this application is founded.

The following section should be completed if nearest relative consulted

Delete either (a) or (b) AND either (c) or (d) as appropriate.

(name and address)

(a) I have consulted

who, to the best of my knowledge and belief, is the patient's nearest relative within the meaning of the Order.

OR

(name and address)

(b) I have consulted

who I understand has been authorised by a county court to exercise the functions under the Order of the patient's nearest relative.

AND

(c) That person has not notified me or the responsible authority that he/she objects to this application being made.

OR

***(Delete whichever does not apply)**

(d) That person has notified me
the responsible authority

that he/she objects to this application being made and I have consulted

(name and office address of approved social worker)

an officer of

(name of Board or HSS trust)

--

appointed to act as an approved social worker for the purposes of the Order.

The following section should be completed if nearest relative not consulted.

Delete (i), (ii) or (iii) as appropriate

(i) I have been unable to ascertain who is the patient's nearest relative within the meaning of the Order.

OR

(ii) To the best of my knowledge and belief the patient has no nearest relative within the meaning of the Order.

OR

***(Delete the phrase Which does not apply)**

(iii) In my opinion it is not reasonably practicable
would involve unreasonable delay

To consult

(name and address)

***(Delete the phrase Which does not apply)**

who is the patient's nearest relative
authorised to exercise the functions of the patient's nearest relative

before making this application.

The following section must be completed in all cases

(date) I last saw the patient on

--

I have interviewed the patient and I am satisfied that guardianship is in all the circumstances of the case the most appropriate way of providing the

care and medical treatment of which the patient stands in need.

Delete (i) or (ii)

(date) (i) The patient's date of birth is

(ii) I believe the patient is aged 16 years or over.

This application is founded on and accompanied by two medical recommendations and a recommendation by an approved social worker in the prescribed form.

If neither of the medical practitioners knew the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did know the patient:-

Signed: _____ Date: _____

**PART II
(To be completed by the *proposed guardian)**

(full name and address of proposed guardian

I

am willing to act as the guardian of

(name of patient)

in accordance with Part II of the Mental Health (Northern Ireland) Order 1986

Signed: _____ Date: _____

***(Complete only if proposed guardian is not the responsible authority)**

**JOINT MEDICAL RECOMMENDATION
FOR RECEPTION INTO
GUARDIANSHIP**

(full names and
professional addresses
of both medical
practitioners)

We

, medical practitioners, recommend that

(full name and address of
patient)

be received into guardianship in accordance with Part II of the Mental Health (Northern Ireland) Order 1986.

(name of first medical
practitioner)
(date)

I
last examined this patient on

I am a medical practitioner appointed by the Regulation and Quality Improvement Authority for the purposes of Part II of the Order.

(name of second medical
practitioner)
(date)

I
last examined this patient on

***(Delete if not applicable)**

*I am this patient's medical practitioner.

OR

*I had previous acquaintance with this patient before I conducted that examination.

**** (Delete if not applicable)**

In our opinion this patient is suffering from **mental illness
 **severe learning disability

of a nature or degree which warrants his/her reception into guardianship under Article 18 of the Mental Health (Northern Ireland) Order 1986. This opinion is based on the following grounds:-

[Give a clinical description of the patient's mental condition.]

Signed: _____ Date: _____

Signed: _____ Date: _____

**MEDICAL RECOMMENDATION
FOR RECEPTION INTO
GUARDIANSHIP**

(full name and
professional address
of medical practitioner)

I

, a medical practitioner, recommend that

(full name and address of
patient)

be received into guardianship in accordance with Part II of the Mental Health (Northern Ireland) Order 1986.

(date)

I last examined this patient on

Delete either (a) or (b)

(a) I am a medical practitioner appointed by the Regulation and Quality Improvement Authority for the purposes of Part II of the Order.

***(Delete if not applicable)**

(b) *I am this patient's medical practitioner.

OR

*I had previous acquaintance with this patient before I conducted that examination.

**** (Delete if not applicable)**

In my opinion this patient is suffering from **mental illness
**severe learning disability

of a nature or degree which warrants his/her reception into guardianship under Article 18 of the Mental Health (Northern Ireland) Order 1986. This opinion is based on the following grounds:-

[Give a clinical description of the patient's mental condition.]

Signed: _____ Date: _____

**RECOMMENDATION BY AN APPROVED
SOCIAL WORKER FOR RECEPTION
INTO GUARDIANSHIP**

(full name and office
address of approved
social worker)

I

(full name and address of
patient)

recommend that

be received into guardianship in accordance with Part II of the Mental Health (Northern Ireland) Order 1986.

(name of Board or HSS
trust)

I am an officer of

appointed to act as an approved social worker for the purposes of the Order.

In my opinion it is necessary in the interests of the welfare of the patient that he/she should be received into guardianship. My reasons for this opinion are as follows:-

[Give reasons for opinion]

Delete either (a) or (b) AND either (c) or (d) as appropriate

(a) I am not related to the patient

OR

(b) I am related to the patient, being his/her

(state relationship)

AND

(c) I have no pecuniary interest in the reception of the patient into guardianship.

OR

(d) I have a pecuniary interest in the reception of the patient into guardianship. The nature and extent of that interest is (state nature and extent of interest).

Signed: _____ Date: _____

**REPORT BY RESPONSIBLE MEDICAL
OFFICER FOR RENEWAL OF
AUTHORITY FOR GUARDIANSHIP**

(full name and
office address of
approved social worker)

To

(full name and
professional address of
responsible medical
officer)

I

(full name and address)

am the responsible medical officer for

Delete (a) or (b)

(a) I examined this patient

(date)

on

OR

(b) I have obtained the attached report from another medical practitioner

(name and professional
address of medical
practitioner)

on the condition of this patient.

***(Delete if not
applicable)**

I am of the opinion that he/she is suffering from *mental illness
*severe learning disability

of a nature or degree which warrants his/her continuing to be subject to
guardianship.

This opinion is based on the following grounds:-
[Give a clinical description of the patient's mental condition.]

Signed: _____ Date: _____

**REPORT BY APPROVED
SOCIAL WORKER FOR RENEWAL
OF AUTHORITY FOR GUARDIANSHIP**

(name and address of
responsible authority)

To

(full name and office
address of approved
social worker)

I

(name of Board or HSS
trust)

am an officer of

Appointed to act as an approved social worker for the purposes of the
Mental Health (Northern Ireland) Order 1986. I have received from

(name of responsible
medical officer)

***(Delete whichever does
not apply)**

the attached *report/reports on

(full name and address
of patient)

***(Delete whichever
does not apply)**

I have considered *that report/those reports and am of the opinion that it is
necessary in the interests of the welfare of the patient that he/she should
continue to be subject to guardianship.

My reasons for this opinion are as follows:-

[Give reasons for opinion.]

Signed: _____ Date: _____

**ASSIGNMENT OF FUNCTIONS BY
NEAREST RELATIVE**

(name and address of
responsible authority)

To

(full name and address
of nearest relative)

I

am the nearest relative of

(full name of patient)

--

 who is

***(Delete the phrase
which does not apply)**

*detained in _____
*under the guardianship of _____

(name and address
of hospital/full name
and address of guardian)

I hereby give notice that I have assigned my functions as nearest relative to

(full name and address
of assignee)

who hereby indicates his/her willingness to exercise those functions.

Signed: _____ Date: _____
(Nearest relative)

Signed: _____ Date: _____
(Person to whom functions are assigned)

**CERTIFICATE OF CONSENT TO
TREATMENT AND SECOND OPINION**

**(TREATMENT REQUIRING CONSENT AND A SECOND OPINION)
(Both parts of this certificate must be completed)**

PART I

(full name and
professional address)

I	

, a medical practitioner appointed for the purposes of Part IV of the
Mental Health (Northern Ireland) Order 1986 by the Regulation and
Quality Improvement Authority, and we

(full name, address
and status)

(full name, address
and status)

, being two persons appointed for the purposes of Article 63(2)(a) of
the Order by the Regulation and Quality Improvement Authority, certify
that –

(full name and address
of patient)

(a) is capable of understanding the nature, purpose and likely
effects of
[give description of treatment or plan of treatment];

AND

(b) has consented to that treatment.

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Please turn over

PART II

(full name)

I

, a medical practitioner appointed for the purposes of Part IV of the Order by the Regulation and Quality Improvement Authority, have consulted

(full name, address and status of person or persons consulted)

who appear(s) to me be principally concerned with the medical treatment of the patient named above and certify that, having regard to the likelihood of the treatment specified above alleviating or preventing a deterioration of the patient's condition, that treatment should be given.

Signed: _____ Date: _____

**CERTIFICATE OF CONSENT
TO TREATMENT**

(TREATMENT REQUIRING CONSENT OR A SECOND OPINION)

(full name and
professional address)

I	

***(Delete the phrase
which does not apply)**

*the responsible medical officer
*a medical practitioner appointed for the purposes of Part IV of the
Mental Health (Northern Ireland) Order 1986 by the Regulation and
Quality Improvement Authority

(full name and address
of patient)

certify that

(a) is capable of understanding the nature, purpose and likely
effects of
[give description of treatment or plan of treatment]

AND

(b) has consented to that treatment.

Signed: _____ Date: _____

CERTIFICATE OF SECOND OPINION
(Treatment Requiring Consent or Second Opinion)

(Full name and professional address)

I	

am a medical practitioner appointed for the purpose of

*(Delete whichever does not apply)

OR

*Part IV of the Mental Health (Northern Ireland) Order 1986 by the Regulation and Quality Improvement Authority.

*Part II of the Mental Health (Northern Ireland) Order 1986 by the Regulation and Quality Improvement Authority.

** (delete if not appropriate)

**A medical practitioner appointed for the purposes of Part IV of the Mental Health (Northern Ireland) Order 1986 by the Regulation and Quality Improvement Authority has not been consulted due to the following exceptional circumstances:

(details of the exceptional circumstances)

(Full name, address and status of person(s) consulted)

	I have consulted

who appear(s) to me to be principally concerned with the medical treatment of

(Full name and address, date of birth and HSC number of the patient)

Date of Birth:	
HSC number:	

I certify that this patient–

***(Delete whichever does not apply)

- (a) ***is not capable of understanding the nature, purpose and likely effect of
- OR
- (b) *** has not consented to

(Give description of treatment or plan of treatment)

but that, having regard to the likelihood of that treatment alleviating or preventing a deterioration of the patient's condition, it should be given.

The treatment plan detailed above is clinically defensible and effective; consideration has been given to the views and rights of the patient.

I agree to the above treatment plan. My reasons are as stated below:

(provide reasons why the plan is agreed to)

I am not the responsible medical officer for this patient.

Signed: _____

Dated: _____

**MEDICAL REPORT ON PATIENT
REMOVED TO NORTHERN IRELAND**

(name and address of
responsible authority)

To

(full name of patient)

was

***(Delete the phrase
which does not apply)**

*admitted to
*received into the guardianship of

(name of hospital/full
name and address
of guardian)

(date) on In pursuance of
arrangements under -

***(Delete the phrase
which does not apply)**

*Part VI of the Mental Health Act 1983
*Article 6 of the Mental Health (Care and Treatment)
(Scotland) Act 2003 (Consequential Provisions)
Order 2005

(full name and
professional address of
responsible medical
Officer)

I

am this patient's responsible medical officer.

(date)

I last examined this patient on

In my opinion this patient is suffering from [******mental illness/severe
learning disability/severe mental impairment] within the meaning of the
Mental Health (Northern Ireland) Order 1986 of a nature or degree
which warrants -

**** (Delete if not
applicable)**

**his/her continuing detention in hospital for medical treatment
**his/her continuing to be subject to guardianship

Signed: _____ Date: _____