

**PROPOSAL BY THE CLINICAL DIRECTOR
TO TRANSFER PATIENT TO THE CENTRAL
MENTAL HOSPITAL**

Revised July 2019

FORM 11

Mental Health
Acts 2001 to 2018
Section 21(2)

PLEASE COMPLETE IN BLOCK CAPITALS

1. Full name of patient being proposed for transfer

2. Full address of patient

 Eircode:

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

4. Name and address of Approved Centre to which patient was admitted

5. Date of admission //

PROPOSAL TO TRANSFER

6. I hereby propose to transfer the patient.

I am of the opinion that it would benefit the above named patient to be transferred to the Central Mental Hospital for the following reasons:

7. Give details of how this transfer will benefit the patient and/or that it is necessary for the purpose of obtaining special treatment for such patient

8. I request that the Mental Health Commission refer this proposal to a Mental Health Tribunal.

9. I shall give notice in writing of the making of this proposal to the patient.

Signed: _____ (Clinical Director)

Print name: _____ (Clinical Director)

MCRN:

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](#).