APPLICATION (TO A REGISTERED MEDICAL PRACTITIONER)
BY ANY OTHER PERSON* FOR A RECOMMENDATION
FOR INVOLUNTARY ADMISSION OF AN ADULT
(TO AN APPROVED CENTRE)
*Other than a Spouse / Civil Partner / Relative / Authorised Officer or member
of An Garda Síochána

Form 4
Revised July 2019
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

3. Date of birth OR age
   (if date of birth not known)

4. Applicant’s full name

5. Applicant’s full address

6. Applicant’s telephone number

7. State any connection of applicant with person

8. State reason for making an application

9. Circumstances in which the application is made

10. 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.

11. 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.mhcril.ie/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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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.

16. 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 the applicant: ____________________________

Date: ____________________________

Time: [24-hour clock e.g. 2:41pm is written as 14:41] ____________________________

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