

**SOUTH WEST STRATEGIC HEALTH AUTHORITY**

*REQUEST BY A MEDICAL PRACTITIONER FOR APPROVED CLINICIAN RE-APPROVAL UNDER THE MENTAL HEALTH ACT 2009*

**PLEASE PRINT IN BLACK INK – ALL QUESTIONS MUST BE ANSWERED IN FULL**

**1. Full Name**.....

**1.1 Previous Surname**.....**Date of Birth**.....

**2. Professional Address**.....

.....**Post Code**.....

**2.2 Professional Phone No:**.....**Out of Hours**.....

**2.3 Email Address (strictly confidential NOT for register)**.....

**3. Home Address (strictly confidential NOT for register)**.....

.....

**4. Were you an Approved Clinician under the Mental Health Act 2007 Transitional Arrangements? If so what group?** 1  2  3

**5. Have you EVER been refused approval by another authority, if so, by which authority and why?** YES  NO

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**7. Professional Qualifications**.....

**8. GMC Registration Number**.....**Specialist register** YES  NO

**8.1 Do you have a full Licence to Practice** YES  NO

**8.1 Is your registration with conditions** YES  (provide details on separate sheet) NO

**9. Present Appointment - Substantive/Locum/Independent/Retired/Fixed Term /Training Post**

**10. Speciality**.....**Grade**.....

**11. Employing Authority**.....**Date of Appointment**.....

**12. Have you attended an approved clinician refresher Course** YES  NO

**13. Do you have an up-to-date appraisal record?** YES  NO

**14. For Psychiatrists are you in good standing in CPD/PDP in the RCPsych Scheme?**

YES  NO  **Training Post**  Please give CPD registration number .....

**15. I certify that I continue to meet the Section 12(2) re-approval Criteria**

**16. I certify that I continue to meet the competencies of the Role of Approved Clinician and I retain the evidence of these competencies**

**18. I enclose evidence of attendance at an approved clinician training course (only necessary if attended a course not organised by NHS South West)**

**19. I enclose evidence of an up-to-date appraisal record**

**20. I enclose a certificate of continuing Professional Development**

**21. Those employments concerning the care of the elderly, sick or disabled are exempt from the Rehabilitation of Offenders Act 1974 and applicants are therefore not entitled to withhold information about 'spent' convictions. Any information given will be treated confidentially and considered only in relation to the application.**

Have you ever been convicted of a criminal offence?      **YES**  **NO**

If so, please give details.....

I understand that if Approved Clinician approval is granted, pursuant to this application, my name, employment address, telephone numbers, grade and reapproval date will be added to the Register of S12(2) Approved Practitioners. The Register is maintained by the Strategic Health Authority in accordance with the Statutory Code of Practice implanted under section 118 Mental Health Act 1983 and copies will be made available on line, and circulated to SHAs, PCTs, Mental Health Trusts, Local Authorities, Private Hospitals, Police and Prison Services to which the public may have limited access to confirm AC status. The Data Protection Act 1998 applies.

**I declare the information I have give here is true and accurate and I accept the terms and conditions of Approved Clinician approval.**

**Signature**.....**Dated**.....

**NAME AND ADDRESS OF REFEREES FROM SUITABILITY QUALIFIED PROFESSIONALS IN A SENIOR ROLE ONE OF WHOM MUST BE A SECTION 12(2) APPROVED CONSULTANT.**

**Full Name**.....

**Job Title**.....**Telephone:**.....

**Address**.....

.....**Post Code**.....

**Email or fax** .....

**Full Name**.....

**Job Title**.....**Telephone:**.....

**Address**.....

.....**Post Code**.....

**Email or fax** .....

**PLEASE SUBMIT TO:-**

Hilary Eagles LLM, Section 12, Approved Clinician and Deprivation of Liberty Safeguards Implementation Lead, NHS South West, Jenner House, Langley Park Estate, Chippenham, Wiltshire, SN15 1GG  
Telephone 01249 468350, FAX 01249 468356, email: [hilary.eagles@southwest.nhs.uk](mailto:hilary.eagles@southwest.nhs.uk)