

SOUTH WEST STRATEGIC HEALTH AUTHORITY
*REQUEST BY A MEDICAL PRACTITIONER FOR APPROVAL UNDER SECTION 12(2) OF THE
MENTAL HEALTH ACT 1983*

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. Is this your first application for approval YES NO

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

.....

6. I wish to apply under criteria A , B , C , D ,

7. Professional Qualifications.....

8. GMC Status and Registration Number.....

8.1 Licence to practice YES NO Specialist Register YES NO

8.2 Is your GMC 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 a Section 12 Induction Course YES NO

Date.....Place.....

13. What would you expect to make of the approval if granted?

.....
.....

14. For GPs and FMEs – Do you have an up-to-date appraisal record? YES NO
(Submit copy if available)

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

YES NO Training Post Please give CPD registration number

16. I am currently undertaking two supervised mental health act assessment

17. I enclose the two completed supervised mental health act assessment forms

18. I will forwarding the two mental health act assessment forms when completed

19. I do not have to undertake the two supervised mental health act assessments

20. I enclose a full Curriculum Vitae

21. I understand that I need insurance and or indemnity for Section 12 (2) work

22. 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 section 12(2) 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 Section 12(2) status. The Data Protection Act 1998 applies.

I declare the information I have give here is true and accurate and I accept the above terms and conditions of Section 12(2) approval.

Signature.....Dated.....

NAME AND ADDRESS OF TWO REFERESS ONE OF WHICH MUST BE A SECTION 12(2) APPROVED CONSULTANT AND ON DRAWN FROM THE LIST IN CRITERIA 5.1e

Full Name.....Job Title.....

Telephone:.....Email.....

Address.....

.....Post Code.....

Full Name.....Job Title.....

Telephone:.....Email.....

Address.....

.....Post Code.....

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