

Certificate supporting an application for assessment

To:	Location	
The Director of Area		
Mental Health Services, at:		
,	Full name	
Name of Comment of Conference	ruii name	
Name of proposed patient:		
	Date of birth	
Proposed patient's date of birth:		
	Address	
Of:		
	re to be mentally disordered and apply to the Director of son assessed. I base my belief on the following groun	
Note: Continue on a separate sheet if necessary		
	Full name of applicant	
I am the applicant named:		
	Address of applicant	
of:		
My relationship to or		
association with the proposed patient is:		
I declare that I have attained the a the last 3 days.	age of 18 years and have seen the proposed patient in	person within
	Signature of applicant Date	e of application
□ -		
☐ This application is accompanie examined the proposed patient with	ed by a certificate given by a mental health practitione thin the last 3 days.	r who has



Mental Health (Compulsory Assessment and Treatment) Act 1992.

Section 2 The statutory definition of mental disorder is:

"Mental disorder, in relation to any person, means an abnormal state of mind (whether of a continuous or an intermittent nature), characterised by delusions, or by disorders of mood or perception or volition or cognition, of such a degree that it —

- (a) Poses a serious danger to the health or safety of that person or of others; or
- (b) Seriously diminishes the capacity of that person to take care of himself or herself; and "mentally disordered", in relation to any such person, has a corresponding meaning.

Section 4 General rules relating to liability to assessment or treatment

The procedures prescribed by Parts I and II of this Act shall not be invoked in respect of any person by reason only of -

- (a) That person's political, religious, or cultural beliefs; or
- (b) That person's sexual preferences; or
- (c) That person's criminal or delinquent behaviour; or
- (d) Substance abuse; or
- (e) Intellectual handicap