

**Section 3 – application by nearest relative for admission for treatment**

To the managers of *(name and address of hospital)*

I *(PRINT your full name, address and, if sending by means of electronic communication, email address)*

apply for the admission of *(PRINT full name and address of patient)*

for treatment in accordance with Part 2 of the Mental Health Act 1983.

*Complete either (a) or (b) as applicable and delete the other.*

- (a) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Act.

I am the patient's *(state your relationship with the patient)*.

- (b) I have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court / the patient's nearest relative *(delete the phrase which does not apply)*, and a copy of the authority is attached to this application.

I last saw the patient on

/ /

*(date)*

which was within the period of 14 days ending on the day this application is completed.

This application is founded on two medical recommendations in the prescribed form.

*If neither of the medical practitioners had previous acquaintance with the patient before making the recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient –*

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

Signed

Date

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