*Regulation 4(1)(c)(i)*

**Mental Health Act 1983 section 3 – application by nearest relative for admission for treatment**

*(name and address*

*of hospital)*

*(full name) (full address)*

*(full name of patient)*

*(full address of*

*patient)*

*(state relationship)*

*(delete the phrase that does not apply)*

*(date)*

To the managers of

I

of

apply for the admission of

of

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

*Delete either (a) or (b) and complete as applicable*

1. 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
2. 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, and a copy of the authority is attached to this application.

I last saw the patient on which was within the period of 14 days ending on the day this application is signed.

**Form HO 5**

**Please turn over**

**Form HO 5 (Cont’d)**

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 their recommendations, please explain why you could not get

a recommendation from a medical practitioner who did have previous acquaintance with the patient.

*(insert reasons)*

**Signed:** ………………………………………………………………………………

**Date:** ………………………………………………………………………………

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