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| **Substance Addiction (Compulsory Assessment and Treatment) Act 2017 Note**: All section references are to the Substance Addiction (Compulsory and Treatment) Act 2017  **Application for Assessment** (Section 14)   1. An applicant who believes that a person has a severe substance addiction may apply to the Area Director to   have the person assessed under this subpart.  (2) The applicant must be at least 18 years of age.  Note also section 15 – application requirements; and sections applying children or young persons | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| To: The Director of Area Addiction Services (Area Director) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact information of the person to be assessed** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last name | | | | | | | | | | | | |  | First name | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | |
| Date of birth | | | | | | | | NHI | | | | | | | | | | | Phone number | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |
| Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Postcode | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |
|  |  | | | |

I believe that the person named above has a severe substance addiction and is likely to have severely impaired capacity to consent to treatment for that addiction. I base my belief on the following grounds:

|  |
| --- |
| [Detailed reasons why I consider the person named above needs to be assessed] |

I am the applicant named below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact information of the applicant** | | | | | | | |
| Last name |  | First name | | | | | |
|  |  |  | | | | | |
| Address | | |  | Postcode | | | |
|  | | |  |  |  |  |  |
|  |  | | | |

My relationship to, or association with, the person to be assessed is:

|  |
| --- |
| [Details regarding the relationship or association between the applicant and the person to be assessed] |

I declare that I have attained the age of 18 years and have seen the person to be assessed in person within the 5 days prior to the date of this application.

This application is accompanied by:

a certificate given by a medical practitioner who examined the proposed patient on [date]

**OR**

a memorandum signed by an authorised officer.

|  |
| --- |
| **Signature of applicant** |

|  |  |  |  |  |  |  |  |  |  |  |
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|  | |  |  |  |  |  |  |  |  |  |
|  |  | | Date | | | | | | | |