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| **Substance Addiction (Compulsory Assessment and Treatment) Act 2017****Application for Assessment**(Section 14 of the Act) |  |
| To: The Director of Area Addiction Services (Area Director) |
| **Contact information of the person to be assessed** |
| Last name |  | First name |
|       |  |       |
| Date of birth  |  |
|   |   |   |   |   |   |   |   |  |
| Address |  | Postcode |
|       |  |   |   |   |   |
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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:

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

I am the applicant named below.

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| **Contact information of the applicant** |
| Last name |  | First name |
|       |  |       |
| Address |  | Postcode |
|       |  |   |   |   |   |
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My relationship to, or association with, the person to be assessed is:

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| [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.

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| **Signature of applicant** |

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