|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | |
|  | | | | | | | | | | | |  |  |  |  |  |
|  |  | | | |

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** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |  |  |  |  |  |
|  |  | | Date | | | | | | | |