**Substance Addiction (Compulsory Assessment and Treatment) Act 2017**

**Note**: All section references are to the Substance Addiction (Compulsory and Treatment) Act 2017

**Designation of Authorised Officer**

(Section 91)

(1) For the purposes of this Act, every Area Director must designate sufficient health professionals as authorised officers within the area of

that Area Director.

(2) The Area Director may designate a health professional under this section only if satisfied that the health professional has undergone

appropriate training and has appropriate competence in dealing with persons who have severe substance addictions.

(3) Every authorised officer must be issued with a document that identifies the holder and states that the holder is an authorised officer

under this Act.

(4) An authorised officer must carry out his or her duties under the general direction of the Area Director.

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| I, [full name], the Director of Area Addiction Services for [location]  designate the following health professional as an Authorised Officer under section 91 of the Substance Addiction (Compulsory Assessment and Treatment) Act 2017 for the purposes of the same Act.  This designation will expire on: [date]   |  | | --- | | **Name and contact details of designated Authorised Officer** |   Last name First names   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | | | | | | | | | | | | | | | | | | | Address | | | | | | | | | | | |  | Postcode | | | | | | | | |  | | | | | | | | | | | |  |  | |  | |  | |  | | |  |  | | | | | | | | | Email address | | |  | Contact phone number | | | | | | | | | | | | | | | | | |  | | |  |  |  |  |  |  |  |  |  | | |  | |  | |  |  | |   This Authorised Officer is carrying out their duties under the general direction of the Director of Area Addiction Services, as required under section 91(4) of the Substance Addiction (Compulsory Assessment and Treatment) Act 2017.  A copy of this document has been provided to the authorised officer [full name], at [name of service] |

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| **Contact details and signature of the Director of Area Addiction Services** | | | | | | | | | | | | | | | | | | | |
| Last name |  | First name | | | | | | | | | | | | | | | | | |
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| Address | | | | | | | | | | | |  | Postcode | | | | | | |
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| Email address | | |  | Contact phone number | | | | | | | | | | | | | | | |
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