

Application by an Approved Mental Health Professional for Admission for Assessment

Form A2

Mental Health Act 1983  
Section 2  
Regulation 4(1)(a)(ii)

To the Managers of  
(name and address of hospital) Barnet Enfield and Haringey NHS Mental Health Trust  
Chair from Hospital,  
127 The Ridge Way  
ENFIELD EN2 6JL

(PRINT your full name) I ANTHONY MANNING  
(PRINT your address) of 65 C Park Avenue  
ENFIELD EN1 2HL

apply for the admission of  
(PRINT full name of patient) SIMON CORDELL  
(PRINT address of patient) 109 BURNHROFF AVENUE  
ENFIELD EN3 7JR

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

I am acting on behalf of  
(PRINT name of local social services authority) Enfield Council

and am approved to act as an approved mental health professional for the purposes of the Act by  
delete as appropriate [that authority]

name of local social services authority that approved you, if different

Complete the following if you know who the nearest relative is.

Complete (a) or (b) as applicable and delete the other

[(a) To the best of my knowledge and belief

(PRINT full name and address) Lorraine FURDELL  
23 Byron Terrace  
London N9 7DG

is the patient's nearest relative within the meaning of the Act.]

[(b) I understand that

(PRINT full name and address)

\*delete phrase which does not apply

has been authorised by a county court/the patient's nearest relative\* to exercise the functions under the Act of the patient's nearest relative.]

I have/~~have not yet~~\* informed that person that this application is to be made and of the nearest relative's power to order the discharge of the patient.

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