

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 Mental Health NHS
St. Ann's Hospital, St. Ann's Road, Trunk.
Tottenham, London N15 3TH**

(PRINT your full name) I **HUGH BRISCOE**

(PRINT your address) of **65c Park Avenue
Enfield EN1 2HL**

apply for the admission of
(PRINT full name of patient) **Simon Cordell**

(PRINT address of patient)
**109 Burncroft Avenue,
Enfield EN3 7JQ**

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) **London Borough of Enfield**

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 Cordell
23 Byron Terrace, Edmonton, N9 7DE**

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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