**LONDON REGION**

**CHANGE OF DETAILS FOR APPROVED DOCTORS UNDER SECTION 12(2) OF THE MENTAL HEALTH ACT 1983**

**PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **SURNAME** | | **FIRST NAME** | |
| Please state any other names you have previously been known by | |  | |
| Date of birth | |  | |
| GMC Registration No | |  | |
| Section 12 Expiry Date |  | Approved Clinician Expiry Date |  |

**PROFESSIONAL CONTACT DETAILS (For the Published Register)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employing Organisation |  | | | | | | | | | | |
| Professional address |  | | | | | | | | | | |
| Phone number(s) |  | | | | | | | | | | |
| Email Address(es) |  | | | | | | | | | | |
| Start date with current post |  | | | | End date  (if Fixed Term) : | | |  | | | |
| Speciality |  | | | | | | | | | | |
| Grade  (**Academics please give honorary clinical grade)** | Consultant   Locum Consultant  | | ST4 -6   Locum ST4-6   CT3  | | | Associate Specialist   Staff Grade     Clinical Asst.  | | | | GP Principal   Other (Please Specify) | |
| Designation | Locum | Substantive | | Retired | | | Independent | | Fixed term contract | | Training |

1. **AVAILABILITY**

**Fee Paying Work Availability:**

These details will be visible to users of the Mental Health Act Register Database. Please clearly indicate your availability in the relevant box.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Regular working hours: | **Yes ** | **No ** | Out of hours (evening/weekend): | **Yes**  | **No**  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start Time: | | |  | | | | | End Time: | | | |  | | | | | |  | |  | | |  | | |  | | |  | | |  | | |
|  |  |  | |  | | |  | | |  |  | | |  |  | |  | | | |  | | |  | | |  | | |
| Mon | | |  | | Tue |  | | | Wed | | |  | Thur | | |  | | | Fri | | |  | | | Sat | | |  | | | Sun | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Tel No |  | Mobile No |  |

|  |  |
| --- | --- |
| **LANGUAGES SPOKEN** |  |

**PERSONAL CONTACT DETAILS**

This information is for administrators only and will not be made public on the Mental Health Act Approvals Database.

|  |  |
| --- | --- |
| Home address |  |
| Home phone / mobile |  |
| Email address |  |

**SIGNATURE**.......................................................................... **DATE**.....................................................

**To be returned to**: **Section 12/AC Office, Mental Health Centre, Northwick Park Hospital, Watford Road, Harrow, HA1 3UJ. Tel: 020 8869 3515 Fax: 020 8869 3516 E:** [**s12acadmin.cnwl@nhs.net**](mailto:s12acadmin.cnwl@nhs.net)