**LONDON APPROVALS PANEL**

APPLICATION for approvAL UNDER SECTION 12(2) OF THE MENTAL HEALTH ACT 1983 (AS AMENDED 2007)

|  |  |  |  |
| --- | --- | --- | --- |
| INITIAL |  | RENEWAL |  |

1. **PERSONAL DETAILS**

|  |  |
| --- | --- |
| Given / First Name(s): |  |
| Surname: |  |
| Please state any other names you have been known by: |  |
| Date of birth: |  |

1. **PROFESSIONAL CONTACT DETAILS**

These details will be visible to users of the Mental Health Act Approvals Register Database

|  |  |
| --- | --- |
| Employing organisation: |  |
| Professional address: |  |
| Postcode: |  |
| Address for MHA Approvals Register Database users to view if different from professional address: |  |
| Postcode: |  |
| Landline Number: |  |
| Work Mobile Number: |  |
| Email address: |  |
| Secretary’s name, phone number and email (**NOT** visible to Approvals Database users): |  |

1. **PRESENT APPOINTMENT**

|  |  |
| --- | --- |
| Role: | Specialty: |
| Date of Appointment: | Date of End of Appointment (if applicable): |

Locum  Substantive  Retired  Independent  Fixed Term Contract  Training 

Are you working through a Locum Agency? Yes  No  If Yes, please provide agency details in box below:

|  |  |
| --- | --- |
| Agency name: |  |
| Agency address: |  |
| Postcode: |  |
| Telephone number(s): |  |
| Email: |  |

1. **PERSONAL CONTACT DETAILS**

This personal information is for **administrators’ use only** and will not be made public on the Mental Health Act approvals database.

|  |  |
| --- | --- |
| Home address: |  |
| Postcode: |  |
| Home landline: |  |
| Personal mobile: |  |
| Personal email address: |  |

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 |  |

1. **LANGUAGES SPOKEN**

Please list below:

|  |  |
| --- | --- |
|  |  |

**The information below is not visible to users of the Mental Health Act approvals database**

1. **SECTION 12(2) APPROVAL – INITIAL APPLICATIONS**RENEWAL APPLICATIONS: **** (go to section 8)

|  |  |  |
| --- | --- | --- |
| Is this your first application for approval? | **Yes ** | **No ** |
|  |  |  |
| Have you ever been refused approval by another Panel, if so, by which Panel and why? | **Yes ** | **No ** |

|  |
| --- |
| Applicants should refer to the Instructions in relation to Section 12 Doctors 2015 and review the Schedule of Professional Requirements in Section 3 of the Schedule on pages 7 & 8, and indicate which criteria they are applying under.  INITIAL APPLICATIONS: I wish to apply under criteria **3.1  3.2  3.3  3.4  3.5 ** |

For doctors applying under criteria 3.2, 3.3, 3.4 and 3.5 for **initial** applications, please confirm the name(s) of the Medical AC / Section 12(2) Approved Consultant(s) who will supervise two MHA Assessments. They will need to give assurance that these MHA assessments were satisfactory and competency was demonstrated.

**Name(s) of Section 12(2) Approved Consultants supervising MHA Assessments**. Please note the assessments must be supervised by *“a person who was approved at that time to act as a Section 12(2) doctor and a member of the Royal College of Psychiatrists* ***and*** *on the Specialist Register as a specialist in psychiatry.”*  (Section 4c of the Schedule on Page 8 refers)

|  |  |
| --- | --- |
| **First Assessment Supervisor’s Name:** | **Second Assessment Supervisor’s Name:** |
|  |  |

|  |  |  |
| --- | --- | --- |
| I enclose two completed Supervised Assessment forms undertaken within 12 months of this application | **Yes ** | **No ** |

1. **RENEWAL APPLICATIONS**

|  |  |
| --- | --- |
| Current or Previous approving Panel | **Expiry Date:** |

For doctors applying for renewal, the Panel must be satisfied that the applicant has provided satisfactory evidence of ongoing involvement in the diagnosis or treatment of mental disorder, by undertaking at least one or more of the following activities in the 12 month period preceding the date of the application:

|  |  |  |
| --- | --- | --- |
| Acting as a medical member of the Health, Education and Social Care Chamber of the First-tier Tribunal or the Mental Health Review Tribunal for Wales | **Yes ** | **No ** |
| Carrying out assessments as a Second Opinion Appointed Doctor (SOAD) for the Care Quality Commission or the Healthcare Inspectorate Wales | **Yes ** | **No ** |
| Giving evidence to, or preparing reports or assessments for, a court for the purposes of:   1. Part 3 of the 1983 Act (patients concerned in criminal proceedings or under sentence); 2. (e) The Mental Capacity Act 2005; or 3. (f) The Children Act 1989 | **Yes ** | **No ** |
| Carrying out at least two assessments under the 1983 Act | **Yes ** | **No ** |
| Acting as the responsible clinician in relation to a patient or as an approved clinician in charge of the treatment of a patient | **Yes ** | **No ** |
| Being employed in a clinical post and having a level of responsibility for the diagnosis or treatment of mental disorder which the approving body considers to be substantial. | **Yes ** | **No ** |

1. **PROFESSIONAL HISTORY**

|  |  |  |
| --- | --- | --- |
| GMC No: | | |
| Is your registration with conditions? (if yes provide details – use a separate sheet if necessary) | **Yes ** | **No ** |

1. **PROFESSIONAL QUALIFICATIONS**

|  |  |  |
| --- | --- | --- |
| **Qualification** | **Date Attained** | |
|  |  | |
|  |  | |
|  |  | |
| Have you submitted an application to sit the CASC? If yes please state month undertaking examination | **Yes ** | **No ** |
| Do you hold Fellowship / Full Membership with the Royal College of Psychiatry? | **Yes ** | **No ** |

1. **SECTION 12(2) TRAINING**

|  |  |  |
| --- | --- | --- |
| Initial Approval - Have you attended a two day Section 12(2) Induction course ratified by an Approvals Panel within the 12 month period immediately preceding the date of this application? | **Yes ** | **No ** |
| Re-approval - Have you attended a one day Section 12(2) Refresher course ratified by an Approvals Panel within the 12 month period immediately preceding the date of your expiry date? | **Yes ** | **No ** |
| Have you booked on a course which is yet to take place? If so, please give details below: | **Yes**  | **No**  |

|  |  |
| --- | --- |
| Course Provider |  |
| Place: |  |
| Date: |  |

(Please enclose a copy of your certificate. If you have yet to attend the training course, please send this once you receive it)

1. **CONTINUING PROFESSIONAL REQUIREMENTS**

|  |  |  |
| --- | --- | --- |
| Psychiatrists - Are you registered with the Royal College of Psychiatrists CPD programme? If, so please supply a copy of your latest Certificate of Good Standing | **Yes ** | **No ** |
| If **not registered** with a CPD scheme, please confirm that you have completed 50 hours (minimum 30 points from Clinical hours) professional CPD over the last 12 months and duly completed the Locality CPD form and this has been approved by your peer group.(If yes, please supply a copy of this) | **Yes**  | **No**  |
| Training grade doctors please provide evidence of ARCP/RITA form | **Yes**  | **No**  |
| GPs – please indicate if you are included on the GP performers list | **Yes**  | **No**  |
| For GPs who are currently not on the performers list and who have previously been approved at act as a Section 12 doctor, include evidence of participation in an annual appraisal process which is satisfactory to the GMC | **Yes**  | **No**  |
| FMEs - please provide evidence of participation in an annual appraisal process and evidence of completing continuing professional development appropriate for the role of a Section 12(2) approved doctor. | **Yes**  | **No**  |

1. **DISCLOSURE AND BARRING SERVICE (FORMERLY CRB)**

|  |  |  |
| --- | --- | --- |
| **If you are employed by a an Organisation that is registered by the CQC please contact your HR Department and ask them to contact the Section 12/AC Approvals office with details of your DBS check certificate number, issue date (under three years old) , whether enhanced and whether clear.**  If you are not employed by a person or organisation that is registered by the Care Quality Commission (under Chapter 2 of the Health and Social Care Act 2008), eg locum agency please provide a DBS certificate which is clearly dated and less than three years old at the time of applying. | | |
| Certificate enclosed? | **Yes** | **No** |

1. **CURRICLUM VITAE**

|  |  |
| --- | --- |
| I enclose an up to date Curriculum Vitae  (Please clearly indicate the reason for any gaps in employment, and if there are periods of part-time working, please clearly indicate WTE) | **Yes**  |

1. **REferences**

Please supply the names, postal and email addresses of two referees **(one must have worked with you for a minimum of three months in the last twelve months)**, and at least one of whom you have worked with in England or Wales in the past year. Referees must be able to comment on your understanding of and ability to implement the Mental Health Act (1983). The London Panel has pro forma reference forms which will be sent to your referees.

One of the referees must be a Consultant Psychiatrist who is a Section 12(2) doctor

**Referee 1**

* A Consultant Psychiatrist who is a Section 12(2) doctor 

|  |  |
| --- | --- |
| Name: |  |
| Role: |  |
| Contact address: |  |
| Postcode: |  |
| Phone / mobile: |  |
| Email address: |  |

The other referee must be one of the following (please indicate which apply):

**Referee 2**

* An Approved Clinician 
* A Consultant Psychiatrist who is a Section 12(2) doctor 
* Current Medical Director or Clinical Director or equivalent 
* Current professional appraiser
* An Approved Mental Health Professional with whom the Section 12(2) applicant has worked for a minimum of 3 months in the twelve months preceding the date of the application 

|  |  |
| --- | --- |
| Name: |  |
| Role: |  |
| Contact address: |  |
| Postcode: |  |
| Phone / mobile: |  |
| Email address: |  |

1. **APPLICANT’S DECLARATION**

I understand that if Approved Clinician status is granted, pursuant to this application, my name, employment address and telephone numbers, grade and re-approval date will be added to the Mental Health Act Register Database.  The approvals database is maintained on behalf of the Secretary of State and is used by AMHPs, police, employers, CCGs, courts, prisons to ascertain that a clinician has the appropriate approval under the Mental Health Act.  The Data Protection Act 1998 and General Data Protection Regulation (GDPR) 2018 apply. By entering this process my documents will be stored electronically and shared for reasons set out in the accompanying Privacy Notice.

**I declare the information I have given in this application is true and accurate and by signing this form I consent to the Privacy Notice on Page 7 below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURE**: |  | **DATE:** |  |

**(Please sign the form or use an electronic signature – i.e. do not just type your name)**

**Please check that you have included copies of the following documents with your application form:**

|  |  |
| --- | --- |
| **Item** | **✓** |
| **Application Form has been signed above** | **Yes**  **To follow**  |
| **S12 Course Certificate** (Introductory/Refresher whichever relevant**), or course booking confirmation** | **Yes**  **To follow**  |
| **CPD Certificate or equivalent** (eg ARCP Outcome Form for CT3 and STs, or CPD Activity Log if not RC CPD Registered) | **Yes**  **To follow**  |
| **DBS Details provided (**Enhanced certificate or details via HR)  Check must have carried out in the past 3 years | **Yes**  **To follow**  |
| **CV** | **Yes**  **To follow**  |
| **Evidence of having completed MHA Assessments (if applicable)**   1. Initial application (Please refer to Part 7) 2. Renewal (Please refer to Part 8) | **Yes**  **To follow**  **N/A**  |

**Please note that until all relevant evidence is provided, an application cannot be considered for approval by the Panel and applications can only remain “live” for a maximum of 4 months from receipt.**

**To be returned by post to**: **Section 12/AC Approval Office, Mental Health Centre, Northwick Park Hospital, Watford Road, Harrow HA1 3UJ, or by email to:** [**s12acadmin.cnwl@nhs.net**](mailto:s12acadmin.cnwl@nhs.net)**.**

**August 2018**

**Mental Health Act Register Database *NHS***

**PRIVACY NOTICE:**

**This notice has been prepared to comply with the General Data Protection Regulation.**

The London Approvals Panel is one of four regional panels that are appointed by the Department of Health and Social Care to manage the application and approval process for clinicians wishing to act as Section 12 doctors or Approved Clinicians under the Mental Health Act 1983.

Where Section 12 or Approved Clinician status is granted by the Approval Panel to a clinician, certain personal data, including name, employment address and telephone numbers, grade and re-approval date are added to the Mental Health Act 1989 approvals database and stored electronically.  The Data Protection Act 1998 and General Data Protection Regulation (GDPR 2018) apply.

Information on the approvals database may be shared with certain professionals and organisations that have a routine need to ascertain that clinicians have the appropriate approval under the Mental Health Act 1983. Primarily this will include local authorities and Approved Mental Health Professionals, and will also include police, NHS Trusts and Foundation Trusts, Clinical Commissioning Groups, courts, and prisons. By way of example, your information may be retrieved by a user searching for Section 12 doctors working in a particular geographical area.

This is therefore a public task under the GDPR. The processing is necessary for the Department and its Approval panels to perform a task in the public interest or for official functions, and the task or function has a clear basis in law.

Access and use of the MHA Database is subject to current Data Protection legislation and regulation. This includes The Data Protection Act 1998 and the GDPR, as well as related legislation including the Computer Misuse Act 1990. Only personnel authorised by the Department of Health and Social Care, or by the four regional Approval Panels, can access and use the Database. Such personnel are obliged to sign an agreement recognising that it is an offence to replicate and disseminate information contained on the database.

On expiry of a clinician’s approval, or after a request to be removed from the database, personal data may be retained in an archive for a period of ten years. This is to allow for a timely reactivation of your approval status as well as to provide evidence of a clinician’s previous approval status.

The Approval Panel will also keep personal data pertaining to a clinician’s application for approval as is necessary to perform its function of considering such applications and granting approval.

Under the GDPR, you have the following rights:

* the right to be informed;
* the right of access;
* the right to rectification;
* the right to erasure;
* the right to restrict processing;
* the right to data portability;
* the right to object; and
* the right not to be subject to automated decision-making including profiling.

You are asked to consent to these arrangements on the Applicant’s Declaration.