

Application by an Approved Mental Health Professional for Admission for Assessment

Form A2

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

(name and address of hospital) To the Managers of  
**Barnet Enfield and Haringey Mental Health NHS  
St. Ann's Hospital, St. Ann's Road, Trunk.  
Totterham, 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) **Simer Cordell**

(PRINT address of patient) **109 Boreholt 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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