

**APPROVALS PANEL ENGLAND SOUTH
APPLICATION FOR APPROVAL AS AN APPROVED CLINICIAN UNDER THE MENTAL
HEALTH ACT 1983 (AS AMENDED 2007)**

PLEASE ENSURE THE APPLICATION FORM IS COMPLETED IN FULL AND WITHOUT ERROR

INITIAL

RENEWAL

1. PERSONAL DETAILS

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

2. PROFESSIONAL CONTACT DETAILS

These details will be visible to users of the Mental Health Act approvals database

Employing organisation:	
Professional address:	
Postcode:	
Address for MHA approvals 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):	

3. PRESENT APPOINTMENT

Role:	Specialty:
Date of Appointment:	Date of End of Appointment:

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:	

4. 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:	

5. AVAILABILITY

These details will be visible to users of the Mental Health Act approvals database
Please clearly indicate in the relevant box.

Regular working hours:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Out of hours (evening/weekend):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Fee Paying Work Availability:

Start Time:		End Time:	
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Mon	<input type="checkbox"/>	Tue	<input type="checkbox"/>	Wed	<input type="checkbox"/>	Thur	<input type="checkbox"/>	Fri	<input type="checkbox"/>	Sat	<input type="checkbox"/>	Sun	<input type="checkbox"/>
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Tel No		Mobile No	
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6. LANGUAGES SPOKEN

Please list below:

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

7. AC APPROVAL

Is this your first application for approval?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you <u>ever</u> been refused approval by another Panel, if so, by which Panel and why?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Previous approving Panel (if applicable)	Expiry Date:
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8. PROFESSIONAL HISTORY

Name of professional body:	Registration / GMC No:
Is your registration with conditions? (if yes provide details – use a separate sheet if necessary)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Doctors - Are you on the GMC Specialist Register in Psychiatry?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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9. PROFESSIONAL QUALIFICATIONS

Year Obtained

10. APPROVED CLINICIAN TRAINING

Initial Approval - Have you attended a two day AC Induction training course ratified by an Approvals Panel within the two year period immediately preceding the date of this application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Re-approval - Have you attended a one day AC Refresher course ratified by an Approvals Panel within the one year period immediately preceding the date of your application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you booked on a course which is yet to take place? If so, please give details below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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)

11. 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 <input type="checkbox"/>	No <input type="checkbox"/>
If not registered with CPD scheme, please confirm that you have completed a minimum of 50 hours professional CPD over the last 12 months and duly completed the local CPD form and this has been approved by your peer group.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Higher training grade doctors please provide evidence of ARCP/Rita Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nurses, psychologists, social workers, occupational therapists – evidence you are up to date within your professional requirements. Please give details on a separate sheet.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

12. DISCLOSURE AND BARRING SERVICE (FORMERLY CRB)

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 you will be required to provide a DBS certificate which is clearly dated.

Certificate required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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13. CURRICULUM VITAE (CV)

I enclose a full 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 <input type="checkbox"/>
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14. REFERENCES

Please supply the name, postal and e-mail address of two referees (one must have worked with you for a minimum of three months in the previous twelve months, and one must have known you for a minimum of three months in England or Wales. Referees must be able to comment on your understanding of and ability to implement the Mental Health Act (1983). England South Approvals Panel has set reference forms which will be sent to your referees.

One of the referees must be your current or most recent Medical Director or Clinical Director or equivalent, but where an applicant is on a training programme recognised by the Royal College of Psychiatrists, the referee may be the Programme Director or a person the approving body considers equivalent to a Programme Director (ie current or most recent Educational Supervisor). One of the referees must be an Approved Clinician, the other referee may be drawn from one of the groups listed, please indicate which group.

Referee 1

- Medical or Clinical Director (Medical Applicants)
- Medical or Clinical Director (Non-Medical Applicants)
- **(For higher trainees)** Training Programme Director or equivalent

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

Referee 2

- An Approved Clinician

- An Approved Mental Health Professional with whom the applicant has worked within the preceding twelve months
- Medical or Clinical Director or equivalent
- Programme Director or equivalent

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

15. 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 approvals database. The approvals database is maintained on behalf of the Secretary of State and is used by AMHPs, police, employers, CCGs, courts, prisons. The Data Protection Act 1998 applies. By entering this process your documents will be stored electronically and shared electronically with England South Approvals Panel

I declare the information I have given in this application is true and accurate.

SIGNATURE:		DATE:	
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Please note that until all relevant evidence is provided, an application cannot be considered by the Panel

To be returned to:

Mental Health Act Approvals Office, Winterhead Ltd, 44/45 Market Place Chippenham, Wiltshire SN15 3HU. Or Email to office@winterhead.co.uk	Please only send the form via one delivery method, if emailed we do not require a postal copy as well. If you have any queries prior to sending the application form please ring <u>01249 472393</u>
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Total Hours of CPD Activity		

Peer Group Members

Name	Professional Registration Number

Peer Group Members Declaration

I confirm that the practitioner has accumulated the specified hours activity in the period stated and that this is sufficient evidence of CPD as per the Royal College of Psychiatrists or relevant professional body standards.

Name	Signature	Date

Name	Signature	Date



APPROVALS PROCESS AND PROCEDURES

The Secretary of State has contracted with Winterhead Ltd to exercise the powers conferred by section 12ZA(5) of the Mental Health Act 1983(a) for the South of England, referred to as the approval functions.

Winterhead Ltd exercise its function by the retention of a panel, the Mental Health Act Approvals Panel South (the panel), drawn from a wide range of professionals who are representative of the membership of the register. The panel endeavors to be representative of its membership in terms of profession, geography, specialty and diversity by age, gender, ethnic and staff group.

The panel receive managerial support from Hilary Eagles, Head of Business, who is supported by the Approvals Administrators Nerissa Millett, Sarah Slowey and Sam Bolton employed by Winterhead Ltd in relation to the performance of these function.

1. APPLICATIONS

Application forms, additional required documentation and photo should be submitted to the Approvals Team, either by email or post. Please **DO NOT** email **and** Post submit via one delivery method only. In the first instance email paperwork to office@winterhead.co.uk

Post to: Winterhead Ltd, MHA Approvals Office, 44/45 Market Place, Chippenham, Wiltshire, SN15 3HU or

Email to:- office@winterhead.co.uk

Telephone : 01249 472393/2

You must allow a minimum of 8 weeks to complete the process, we ask you to refrain from contacting the office to find out progress of the application within the initial 8 week period. If we have any issues we do contact you directly.

Completed applications for both initial and re-approval are subject to a strict administrative process which includes:-

- Check the form is completely correctly and in full; if not return to practitioner
- Check the training certificate, a full CV, evidence of CPD and photo is attached;
- Email confirmation of receipt and confirm all is satisfactory;
- Check the referees meet the requirements of the instructions and take references.
- Undertake a Professional organisation registration check.
- Undertake Professional Performance Alerts check.
- To check a DBS certificate for persons not employed or in a partnership that is registered under Chapter 2 of the Health and Social Care Act 2008 or currently employed by a person so registered.
- On receipt of the above, initial approvals are sent to two panel members for scrutiny.
- On receipt of above, re-approvals are scrutinised by the Approvals Lead.
- Re-approvals who have not previously been approved in the South of England will be sent to two panel members for scrutiny.

- Decision communicated to the applicant by email only.

Although processes are followed strictly, where there is any minor doubt or panel disagreement the Panel Chair may be asked to make a decision. For a major doubt or disagreement the application is put to the full panel at the next available hearing for resolution.

Portfolio applications:

In addition to the above requirements, portfolios are taken to the next available full panel meeting or portfolio meeting for scrutiny and decision., or Portfolio applications may take up 6 months to process due to the panel meeting requirement, additional evidence required by the panel after scrutiny.

All documents contained in a portfolio must be anonymised, this includes not only all patient identifiable information, but ward names, colleagues' names, relatives' names, hospital, court, prison, police station names, day center, nursing homes, names etc.

- Portfolios are pre-scrutinised by the Head of Business prior to submission at the full panel to ensure they are of the acceptable standard required by the panel, if they are not of an acceptable standard the Head of Business will inform you in writing what is lacking and what is required, this may result in your portfolio not being reviewed at the next meeting.

Appeals.

Individuals are able to appeal against any decision by notifying the Chair of the Panel in writing (email to hilary.eagles@winterhead.co.uk will suffice). The appeals process will then be:-

The Chair will review the application and any additional information and either:-

- Make the decision to approve;
- Send the application and additional information to the two panel members who scrutinised the papers originally;
- Take to the next available full panel meeting for review;
- The decision and reasoning will then be communicated to the individual by email. (referees will also be informed if the decision is not to approve)

If the individual is still not satisfied with the decision they must notify the Chair of the Panel in writing; (email hilary.eagles@winterhead.co.uk will suffice)

- The application will then be sent to a panel outside of the England South Region who will review the application against the Secretary of States' Mental Health Act 1983 Instructions with Respect to the Exercise of Approval Functions 2015.
- Their decision and reasoning will then be communicated to the Individual and Referees via email.

If the Individual is still not satisfied with the decision they must notify the Chair of the Panel (email to hilary.eagles@winterhead.co.uk will suffice)

- An extraordinary panel will be convened comprising of the vice Chair, Department of Health Mental Health Manager, Approvals Lead, two additional panel members from outside the England South Region. The decision will be final and communicated to the individual and referees.