

ENGLAND SOUTH APPROVALS PANEL

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

INITIAL

RENEWAL

**PLEASE COMPLETE FORM IN FULL AND WITHOUT ERROR**

**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 ( <b>NOT</b> visible to approvals database users):	
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### 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: <b>Required</b>	

### 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: <b>Required:</b>	

**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. SECTION 12(2) 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"/>

Applicants should refer to the Instructions in relation to Section 12 Doctors 2015 and review the Schedule of Professional Requirements on page 7 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

RENEWAL APPLICATIONS:  (go to section 8)

For doctors applying under criteria 3.3, 3.4 and 3.5 for **initial** applications, please confirm the name(s) of the Medical AC / Section 12(2) doctor(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) doctors(s) 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.”

First Assessment Supervisor’s Name:	Second Assessment Supervisor’s Name:

I enclose two completed Supervised Assessment forms	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**8. RENEWAL**

Previous approving Panel (if applicable)	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 <input type="checkbox"/>	No <input type="checkbox"/>
Assessments as a SOAD for the Care Quality Commission or the Healthcare Inspectorate Wales	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Giving evidence to, or preparing reports or assessments for, a court for the purposes of: <ul style="list-style-type: none"> <li>i) Part 3 of the 1983 Act (patients concerned in criminal proceedings or under sentence);</li> <li>ii) (e) The Mental Capacity Act 2005; or</li> <li>iii) (f) The Children Act 1989</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
At least two assessments under the 1983 Act	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>

**9. PROFESSIONAL HISTORY**

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"/>

**10. PROFESSIONAL QUALIFICATIONS**

Qualification	Date Attained

Have you submitted an application to sit the CASC? If yes please state month undertaking examination	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you hold Fellowship / Full Membership with the Royal College of Psychiatry?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### 11. 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 <input type="checkbox"/>	No <input type="checkbox"/>
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 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)

### 12. 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, 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"/>
Training grade doctors please provide evidence of ARCP/RITA form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
GPs – please indicate if you are included on the GP performers list	Yes <input type="checkbox"/>	No <input type="checkbox"/>
For GPs who are currently not on the performers list and who have previously been approved to act as a Section 12 doctor, include evidence of participation in an annual appraisal process which is satisfactory to the GMC	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 <input type="checkbox"/>	No <input type="checkbox"/>
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### 13. 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) you will be required to provide a DBS certificate which is clearly dated.		
Certificate required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### 14. CURRICULUM VITAE

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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### 15. 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). NEAP has set 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 and the other referee must be either: a Consultant Psychiatrist who is a Section 12(2) doctor; your current professional appraiser; an Approved Mental Health Professional with whom you have worked for a minimum of 3 months in the twelve months preceding the date of the application; or your current Medical Director or Clinical Director or equivalent.

#### Referee 1

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

Name:	
Role:	
Contact address:	
Postcode:	
Phone / mobile:	
Email address <b>Required</b>	

**Referee 2**

- An Approved Clinician
- A Consultant Psychiatrist who is a Section 12(2) doctor
- 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
- Current Medical Director or Clinical Director or equivalent

Name:	
Role:	
Contact address:	
Postcode:	
Phone / mobile:	
Email address: <b>Required</b>	

**16. APPLICANT'S DECLARATION**

I understand that if Section 12(2) 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 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.**

<b>SIGNATURE:</b>		<b>DATE:</b>	
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**Please note that until all the relevant evidence is provided an application cannot be considered by the Panel.**

To be returned to:

Winterhead Ltd, MHA Approvals Office, 44/45 Market Place Chippenham Wiltshire SN15 3HU  <b>OR:</b> email <a href="mailto:office@winterhead.co.uk">office@winterhead.co.uk</a>	If you have any enquiries please telephone 01249 472393/2  Please return application form and accompanying document via one form ie post or email. Please do not email and send hard copies.
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**England South Approvals Panel  
Peer Group Continuing Professional Development (CPD) Form  
for practitioners who do not have a current RCPsych CPD certificate.**

Practitioners must provide CPD evidence in order to gain either initial or renewal approval for Section 12(2) and/or Approved Clinician purposes, to meet the standards set out in Secretary of State's Instructions.

Some practitioners choose not to be registered with their professional body for CPD. However they must actively participate in some recognised CPD programme. In order for England South Approvals Panel to accept peer group CPD sign-off, the content of this form must meet the minimum standards set by the Royal College of Psychiatrists:

- It is the practitioner's responsibility to participate in CPD and provide the peer group with the appropriate evidence.
- They must participate in at least 50 hours CPD in the previous year.
- Activity must be signed off and dated by at least two peer group members.
- It is the peer group's responsibility to scrutinise the evidence confirming it meets the Royal College of Psychiatrists standards.





## 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](mailto:office@winterhead.co.uk)

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

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 by 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.

**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](mailto: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 to [hilary.eagles@winterhead.co.uk](mailto: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](mailto: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.