

## 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:	

#### 2. 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 ( <b>NOT</b> visible to Approvals Database users):	

#### 3. 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:	

#### 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

##### 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 <input type="checkbox"/>	No <input type="checkbox"/>	Out of hours (evening/weekend):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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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. OTHER 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 – INITIAL APPLICATIONS

RENEWAL APPLICATIONS:  (go to section 8)

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 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 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.5 <input type="checkbox"/>		

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 **two different supervisors**, both of whom should be “*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)

<b>First Assessment Supervisor’s Name:</b>	<b>Second Assessment Supervisor’s Name:</b>

I enclose two completed Supervised Assessment forms undertaken within 12 months of this application	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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**8. RENEWAL APPLICATIONS**

Current or Previous approving Panel	<b>Expiry Date:</b>
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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	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Carrying out assessments as a Second Opinion Appointed Doctor (SOAD) for the Care Quality Commission or the Healthcare Inspectorate Wales	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Giving evidence to, or preparing reports or assessments for, a court for the purposes of: i) Part 3 of the 1983 Act (patients concerned in criminal proceedings or under sentence); ii) (e) The Mental Capacity Act 2005; or iii) (f) The Children Act 1989	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Carrying out at least two assessments under the 1983 Act	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Acting as the responsible clinician in relation to a patient or as an approved clinician in charge of the treatment of a patient	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <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.	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

**9. PROFESSIONAL HISTORY**

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

**10. PROFESSIONAL QUALIFICATIONS**

<b>Qualification</b>	<b>Date Attained</b>	
Have you submitted an application to sit the CASC? If yes please state month undertaking examination	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Do you hold Fellowship / Full Membership with the Royal College of Psychiatrists?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <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 expiry date?	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 <b>not registered</b> 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 <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 at 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"/>

## 13. DISCLOSURE AND BARRING SERVICE (FORMERLY CRB)

<p><b>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 five years old) , whether enhanced and whether clear.</b></p> <p>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 an <b>enhanced</b> DBS certificate which is clearly dated and less than five years old at the time of applying.</p>		
Certificate enclosed?	Yes	No

## 14. CURRICULUM 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 <input type="checkbox"/>
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## 15. REFERENCES

Please supply the names, postal and email addresses of two referees with whom you have worked for a reasonable period in England or Wales most recently (**the Approving Panel considers a minimum of three months in the past twelve months to be reasonable**). 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 Section 12(2) Consultant Psychiatrist who is on the GMC Specialist Register

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 Section 12(2) Consultant Psychiatrist who is on the GMC Specialist Register
- Current Medical Director or Clinical Director or equivalent
- Current professional appraiser for General Practitioners
- An Approved Mental Health Professional (AMHP) 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:	

## 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 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 2018 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. I understand that Section 12(2) Approval does not give me powers to undertake any Approved Clinician/Responsible Clinician duties.**

<b>SIGNATURE:</b>		<b>DATE:</b>	
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**(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	✓
<b>Application Form has been signed above</b>	Yes <input type="checkbox"/> To follow <input type="checkbox"/>
<b>S12 Course Certificate</b> (Introductory/Refresher whichever relevant), <b>or course booking confirmation</b>	Yes <input type="checkbox"/> To follow <input type="checkbox"/>
<b>CPD Certificate or equivalent</b> (eg ARCP Outcome Form for CT3 and STs, or CPD Activity Log if not RC CPD Registered)	Yes <input type="checkbox"/> To follow <input type="checkbox"/>
<b>DBS Details provided</b> (Enhanced certificate or details via HR) Check must have carried out in the past 5 years	Yes <input type="checkbox"/> To follow <input type="checkbox"/>
<b>CV</b>	Yes <input type="checkbox"/> To follow <input type="checkbox"/>
<b>Evidence of having completed MHA Assessments (if applicable)</b> a) Initial application (Please refer to Part 7) b) Renewal (Please refer to Part 8)	Yes <input type="checkbox"/> To follow <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Have you asked your referees permission to be contacted by this office?</b>	Yes <input type="checkbox"/> To follow <input type="checkbox"/>

**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).

Revised April 2025

### 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 1983 approvals database and stored electronically. The Data Protection Act 2018 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 2018 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.