

**FORM MHCA 08**

**DEPARTMENT OF HEALTH**

**NOTICE BY HEAD OF HEALTH ESTABLISHMENT TO REVIEW BOARD  
REQUESTING APPROVAL FOR FURTHER INVOLUNTARY CARE,  
TREATMENT AND REHABILITATION ON AN INPATIENT BASIS  
[Section 34(3)(c) of the Act]**

I .....hereby request the  
.....  
(name of head of health establishment)  
approval from the Review Board for further involuntary care, treatment and  
rehabilitation on an inpatient basis of:.....  
.....(name of User)

The findings of the mental health care practitioner and medical practitioner are that the User requires further involuntary care, treatment and rehabilitation.

I am satisfied that the restrictions and intrusions on the mental health care user's right to movement, privacy and dignity are proportionate to the care, treatment and rehabilitative services contemplated.

The basis of this request for further involuntary care, treatment and rehabilitation on an inpatient basis is that:

.....  
.....  
.....  
.....

Attached hereto please find the copies of the following—

- (a) the application to obtain involuntary care, treatment and rehabilitation [MHCA 04];
- (b) the written findings given in terms of sections 27(5) and 33(5) [MHCA 05]
- (c) the notice given in terms of section 33(8) [MHCA 07]; and
- (d) the assessment findings [MHCA 06].

Signature:.....  
(Head of health establishment)

Date: .....

Place: .....

(Original to Review Board & Copy (excluding attachments) to applicant)'