DEPARTMENT OF HEALTH
Republic of South Africa

MHCA 04

DEPARTMENT OF HEALTH

APPLICATION FOR ~~ASSISTED OR~~ INVOLUNTARY CARE, TREATMENT AND REHABILITATION

[Section 27(1) or 33(1) of the Act]

I hereby apply for ~~assisted care or~~ involuntary care for:

Surname of user Ngidi

First name(s) of user Bonginkosi

Date of birth 12/05/1989 or estimated age 22 years

Gender: Male [X] Female [ ]

Occupation Unemployed/Scholar Marital status: [S] M D W

Residential address: Unit 17B
Kwa Mashu
Durban

Surname of applicant Ngidi

First name(s) of applicant Rachel

Date of birth of applicant 10/10/1962 (must be over 18 years of age)

Residential address: 12 Starbury Road
Phoenix
Durban

Relationship between applicant and mental health care user: (mark with a cross)

Spouse [ ] Next of kin [ ] Partner [ ] Associate [ ]

Guardian [ ] Health care provider [X] Parent [ ]

(If user is under 18 this application must be made by the parent or guardian)

I last saw the user on 17/02/2011 (date), 16:30 (time) at Northdale Hospital, PMBurg (place)

(The applicant must have seen the user within seven days of making this application)

Where the applicant is the health care provider:

If the spouse, next of kin, partner, associate, parent or guardian is unwilling to make the application, state the reasons why: MHCU came to the hospital unaccompanied.

If the spouse, next of kin, partner, associate, parent or guardian is incapable or not available to make the application, state the steps that have been taken to locate them:

Social Worker from hospital is attempting to locate family members.

I, the undersigned, am of the opinion that the above-mentioned person is suffering from a mental illness / ~~intellectual disability~~ for the following reasons: He is objectively hallucinating

He is uncooperative and unpredictable. He is dishevelled with poor personal hygiene

He gives incoherent answers.

and believe that ~~assisted- or~~ involuntary care, treatment and rehabilitation is needed because

His mental state is such that he appears to be psychotic and not in touch with reality.

In the case of an application for involuntary care:

I further give reasons which show that the person is so ill that he /~~she~~ will not accept treatment as a voluntary mental health care user or cannot be admitted as an assisted mental health care user He refuses all help. He cannot make an informed decision due to his mental state and is therefore a danger to himself and others.

Print initials and surname R. Ngidi

Signature: ..... (Applicant)

Date: 17/02/2011

Place: Northdale Hospital

Oath/Affirmation by Applicant

I, Rachel Ngidi .....hereby declare under oath/ ~~hereby truly affirm~~ that to the best of my knowledge and belief, the aforegoing statements are true, complete and correct.

..... 17/02/2011

(Signature of Deponent) (Date)

Commissioner of Oaths

I certify that :

i. the deponent acknowledged to me that:

a. ~~he~~/she knows and understands the contents of this declaration;

b. ~~he~~/she has no objection to taking the prescribed oath;

c. ~~he~~/she considers the prescribed oath to be binding on his/her conscience;

ii. the deponant signed this declaration in my presence at Home ..... on this 17th .....day of February 20 11

Signature : Commissioner Of Oaths : Ex- Officio

Place stamp Here
Place stamp Here
Place stamp Here
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Name : Harold Ngubo .....

Rank/Designation : Chief Security Officer, NDH .....