

LONDON APPROVALS PANEL

APPLICATION FOR APPROVAL AS AN APPROVED CLINICIAN UNDER 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 (NOT 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 Register 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 Approvals 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"/>	Thurs	<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. AC APPROVAL

Is this your first application for approval?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
For ST6 applicants only – have you been offered a consultant Acting-up post for which you need AC status? If Yes please enclose confirmation letter from TPD/contract	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 or Current approving Panel (if applicable)	Expiry Date:	

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"/>

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 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)

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 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"/>
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 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.	
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 enhanced DBS certificate which is clearly dated and less than five years old at the time of applying.	
Certificate enclosed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

13. CURRICULUM VITAE (CV)

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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14. REFERENCES

Please supply the names, postal and e-mail addresses of two referees (**referees must be in England or Wales**). **Referee 1 must have worked with you for a minimum of three months within the preceding twelve months.** **Referee 2** must have known you for a **minimum of three months** (in the preceding 12 months if the referee nominated is an AMHP). Referees must be able to comment on your understanding of and ability to implement the Mental Health Act (1983). The London Approvals Panel has pro forma 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 Training Programme Director or a person the approving body considers equivalent to a Programme Director. **One of the referees must be an Approved Clinician**, the other referee may be drawn from one of the categories listed. (Please indicate which categories apply).

Referee 1

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

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

Referee 2

- An Approved Clinician ☐
- Medical or Clinical Director or equivalent ☐
- Training Programme Director or equivalent ☐
- An Approved Mental Health Professional (AMHP) **with whom the applicant has worked within the preceding twelve months** ☐

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 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 6 below.

SIGNATURE:		DATE:	
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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	✓
Application Form has been signed above	Yes <input type="checkbox"/> To follow <input type="checkbox"/>
AC Course Certificate (Introductory/Refresher whichever relevant), or course booking confirmation	Yes <input type="checkbox"/> To follow <input type="checkbox"/>
CPD Certificate or equivalent (ARCP Outcome for ST6)	Yes <input type="checkbox"/> To follow <input type="checkbox"/>
DBS Details provided (Enhanced certificate or details via HR) (DBS Check must have been carried out in the past 5 years)	Yes <input type="checkbox"/> To follow <input type="checkbox"/>
CV	Yes <input type="checkbox"/> To follow <input type="checkbox"/>
Supervised MHA Assessments (only required for doctors not previously or currently s12 approved)	Yes <input type="checkbox"/> Not applicable <input type="checkbox"/>
Have you asked your referees permission to be contacted by this office?	Yes <input type="checkbox"/> No <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 to: **Section 12/AC Approval Office, Mental Health Centre, Northwick Park Hospital, Watford Road, Harrow, Middlesex, HA1 3UJ**, or by email to: s12acadmin.cnwl@nhs.net

Revised February 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.