Name of person detained _

Canberra Health Services

STATEMENT OF ACTION TAKEN

(Apprehension by Police or Authorised Ambulance Paramedic)

Sections 80 (1) and 83 (1) of the Mental Health Act 2015

URN:		
Family name:		
Given names:		
	_	
DOB.	Sev.	

Complete details or affix label

DONOT WRITE IN THIS BINDING MARGIN

This form is to be used if a police officer or authorised ambulance paramedic has reasonable grounds to believe that:

- a. The person has a mental disorder or mental illness; AND
- b. The person has attempted or is likely to attempt suicide or to inflict serious harm on themselves or another person; **AND**
- c. There is an immediate risk of harm, the person requires immediate examination, and does not agree to be examined

Address					
	Start of engagement			ARRIVAL AT APPROVED MENTAL HEALTH FACILITY	
Date	C				
Time			N	11, 7	
			1		
Pursuant to section 83 (1) of the <i>Mental Health Act 2015</i> the following information is provided, detailing the apprehension of the person					
	for action taken:	(), ⁽⁶⁾	
reasons	or action taken.		. (25	
		Yes	No	Notes (attach separate sheet, if needed)	
Use of for any premi	ce or assistance to enter ses	S			
Use of for apprehen	ce or assistance to d				
	iving of medication bring the person to				
Physical r	estraints used?				
the person and taken have an e	else that happened when n was being apprehended to the facility that may ffect on the person's or mental health				
Apprehension invoked by:□ Police Officer □ Ambulance Paramedic □ Mental Health Officer					
Name:Badge number:					
Transport of person by: ☐ Police Officer ☐ Authorised Ambulance Officer					
Name:			8	Signature:	
David of A					

(

ORIGINAL

Name of person detained _

Canberra Health Services

STATEMENT OF ACTION TAKEN

(Apprehension by Police or Authorised Ambulance Paramedic)

Sections 80 (1) and 83 (1) of the Mental Health Act 2015

URN:		
Family name:		
·		
DOB.	Sev.	

Complete details or affix label

This form is to be used if a police officer or authorised ambulance paramedic has reasonable grounds to believe that:

- a. The person has a mental disorder or mental illness; AND
- b. The person has attempted or is likely to attempt suicide or to inflict serious harm on themselves or another person; AND
- c. There is an immediate risk of harm, the person requires immediate examination, and does not agree to be examined

Address_					
	Start of engagement			ARRIVAL AT AF	PPROVED MENTAL HEALTH FACILITY
Date	-C				
Time			N	7	
Pursuant to section 83 (1) of the <i>Mental Health Act 2015</i> the following information is provided, detailing the apprehension of the person					
Reasons	for action taken:	•		85	
		Yes	No	Notes (attach separate sheet, if	needed)
Use of for any prem	rce or assistance to enter ises	\$			
Use of force or assistance to apprehend					
_	giving of medication bring the person to				
Physical r	restraints used?				
the perso and taken have an e	else that happened when n was being apprehended n to the facility that may effect on the person's or mental health				
Apprehension invoked by:□ Police Officer □ Ambulance Paramedic □ Mental Health Off			☐ Mental Health Officer		
Name: Badge number:					
Transport of person by: ☐ Police Officer ☐ Authorised Ambulance Officer					
Name:			;	Signature:	
Page 1 of 1					

DONOT WRITE IN THIS BINDING MARGIN

STATEMENT OF ACTION TAKEN-BYPOLICE OR AUTHORISED AMBULANCE PARAMEDIC

Name of person detained _

Canberra Health Services

STATEMENT OF ACTION TAKEN

(Apprehension by Police or Authorised Ambulance Paramedic)

Sections 80 (1) and 83 (1) of the Mental Health Act 2015

URN:		
F		
Family name:		
Given names:		
DOR:	Sev.	

Complete details or affix label

DONOT WRITE IN THIS BINDING MARGIN

This form is to be used if a police officer or authorised ambulance paramedic has reasonable grounds to believe that:

- a. The person has a mental disorder or mental illness; AND
- b. The person has attempted or is likely to attempt suicide or to inflict serious harm on themselves or another person; **AND**
- c. There is an immediate risk of harm, the person requires immediate examination, and does not agree to be examined

Address_				
	Start of engage	ement		ARRIVAL AT APPROVED MENTAL HEALTH FACILITY
Date				~C
Time				
Pursuant to section 83 (1) of the <i>Mental Health Act 2015</i> the following information is provided, detailing the apprehension of the person				
Reasons for action taken:				
		Yes	No	Notes (attach separate sheet, if needed)
Use of for any prem	ce or assistance to enter ises	\$		
Use of force or assistance to apprehend				
-	iving of medication bring the person to			
Physical r	estraints used?			
Anything else that happened when the person was being apprehended and taken to the facility that may have an effect on the person's physical or mental health				
Apprehension invoked by:□ Police Officer □ Ambulance Paramedic □ Mental Health Officer				Ambulance Paramedic
Name:				Badge number:
Transport of person by: ☐ Police Officer				Authorised Ambulance Officer
Name:			;	Signature:

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