DEPARTMENT OF HEALTH
Republic of South Africa

MHCA 15

DEPARTMENT OF HEALTH

APPEAL TO REVIEW BOARD AGAINST DECISION OF HEAD OF HEALTH ESTABLISHMENT ON ASSISTED- OR INVOLUNTARY MENTAL HEALTH CARE, TREATMENT AND REHABILITATION

[Sections 29(1) and 35(1) of the Act]

Details of user

Surname of user .....

First name(s) of user .....

Date of birth ..... or estimated age .....

Gender: Male ☐ Female ☐

Occupation: ..... Marital status: S M D W

Residential address: .....

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Is the user the applicant? Yes ☐ No ☐

If No to the above:

Surname of appellant: .....

First name(s) of appellant: .....

Residential address: .....

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

Spouse ☐ Partner ☐ Associate ☐

Next of kin ☐ Parent ☐ Guardian ☐

Grounds for the appeal:

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Facts on which the appeal is based:

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Signature: .....

(appellant)

Date: .....

Place: .....