



FAMILY NAME

MRN

GIVEN NAME

MALE  FEMALE

Facility:

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

M.O.

ADDRESS

**APPLICATION BY GUARDIAN FOR VOLUNTARY ADMISSION OF PERSON TO HOSPITAL**

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

NSW MINISTRY OF HEALTH

**MENTAL HEALTH ACT 2007  
Section 7(1)**

**APPLICATION FOR VOLUNTARY ADMISSION TO A DECLARED MENTAL HEALTH FACILITY OF A PERSON SUBJECT TO A GUARDIANSHIP ORDER UNDER THE GUARDIANSHIP ACT 1987**

I, .....  
*(Name of Guardian in full)*

being the appointed Guardian under section 14 of the Guardianship Act 1987 of

.....  
*(Name of intended patient in full)*

request that he/she be admitted to .....  
*(Name of Declared Mental Health Facility)*  
for treatment as a Voluntary Patient.

A copy of the Guardianship Order, upon which this application relies, is attached.

Guardian's signature: .....

Date: ...../...../.....

*- in the case of a guardian who needs the assistance of an interpreter, -*

I have interpreted the content of this form to the Guardian.

Signature of Interpreter: .....

Interpreter's name in full: .....

Date: ...../...../.....



SMR025145

Holes Punched as per AS2828.1: 2012  
BINDING MARGIN - NO WRITING

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SMR025.145