

Application for Leave to Director of Mental Health, Ministry of Health

Patient Name:

Date of birth:

Address:

Legal status:

EITHER ; Ongoing Leave

For ongoing rehabilitation and programme needs

Staff Escorted Community Leave Unescorted Community Leave

Staff-Escorted Community Leave*

Overnight Leave (up to 3 days**) Overnight Leave (up to 7 days**)

*unescorted while at destination

**exclusive of the days of patient's departure and return

The duration, timing and number of staff escorting (if applicable) within the above leave categories require the approval of the relevant Director of Area Mental Health Services for each specific leave request.

OR ; One off Leave

For compassionate (e.g.; bereavement) or functional leave (e.g.; medical appointments)

Reason for leave:

Length of leave:

Venue/Contact Details

Conditions of Leave:

Victim Notification Register:

No Registered Victim Registered Victim

If Registered Victim, Victim Notification Co-ordinator informed

In view of this patient's clinically assessed risk and rehabilitative goals we the undersigned, support this application

Responsible Clinician _____ Signature: _____

Team Member/ Keyworker: _____ Signature: _____

Attachments: *Covering Report* *Risk Management Plan*

Leave Approved:

Director of Area Mental Health Services: _____ Date: _____

Director of Mental Health: _____ Date: _____