

**GUIDANCE FOR STAFF ON THE COMPLETION OF FORM H3**

This form should only be completed for Sections 2, 3 and 4

<b>Rotherham Locality</b>	
<p>If you work at Swallownest Court, the address is:</p> <p>Swallownest Court Aughton Road Swallownest Sheffield S26 4TH</p>	<p>If you work at Woodlands, the address is:</p> <p>The Woodlands Oakwood Hall Drive Rotherham S60 2UD</p>
<b>Doncaster Locality</b>	
<p>If you work at Tickhill Road Site, the address is:</p> <p>Tickhill Road Site Tickhill Road Balby Doncaster DN4 8QN</p>	<p>If you work at Bentley, the address is:</p> <p>Emerald Lodge Askern Road Bentley Doncaster DN5 0JR</p>
<b>North Lincolnshire Locality</b>	
<p>If you work at Great Oaks, the address is either:</p> <p>Mulberry House Adult Inpatient Services Great Oaks Ashby High Street Scunthorpe DN16 2JX</p>	<p>or:</p> <p>Laurel Ward Older Peoples Inpatient Services Great Oaks Ashby High Street Scunthorpe DN16 2JX</p>

**(Name and Address of Hospital)**      *[Insert the name and address of the Hospital]*  
See below for guidance

**(Print full name of patient)**      *[Insert the full Name of the Patient]*

**Complete (a) if the patient is not already an in-patient in the hospital**  
[This means if the patient has been brought directly into hospital on a Section]

**Complete (b) if the patient is already an in-patient**  
[This means if the patient is already in hospital and then has been put onto a Section whilst on the ward]

**(a) the above named patient was admitted to this hospital on**  
*[Insert the date that the patient was admitted]*

**At**      *[Insert the time that the patient was admitted]*

**In pursuance of an application for admission under Section**      *[state section]*  
[i.e.; is it a Section 2 or 3 or 4– write whichever one it is, in the box]

**(b) An application for the admission of the above-named patient (who had already been admitted to this hospital) under section (state section)**  
i.e.; is it a Section 2 or 3 or 4 – write whichever one it is in the box

**of the Mental Health Act 1983 was received by me on behalf of the hospital Managers**

**on**      *[Insert the date when the section was put on]*

**at**      *[insert the time that the section was put on]*

**and the patient was accordingly treated as admitted for the purposes of the Act from that time.**

**Signed**      *[Sign the form]*

**Print name**      *[Write your full name – legibly please]*

**Date**      *[Insert the date]*

**NB: On the Section paperwork for a Section 4 you will need to turn over the page and continue to fill in the form (see below) if the patient is converted to a Section 2**

**On** *[Insert the date when the section was put on]* **at** *[insert the time that the section was put on]* **I received on behalf of the hospital managers, the second medical recommendation in support of the application for the admission of the above-named patient.**

[This means the date and time that the Section 4 was converted to a Section 2]

**Signed**      *[Sign the form]*

**Print name**      *[Write your full name – legibly please]*

**Date**      *[Insert the date]*

**NB: A FORM H3 MUST BE COMPLETED BY THE NURSE IN CHARGE OF THE WARD FOR ALL ADMISSIONS UNDER SECTION 2, 3, 4 of the MHA 1983**