



ACT
Government

**Canberra Health
Services**

Complete details or affix label

URN: _____

Family name: _____

Given names: _____

DOB: _____ Sex: _____

STATEMENT OF ACTION TAKEN

(Apprehension by Police or Authorised Ambulance Paramedic)

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

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

Name of person detained _____

Address _____

	Start of engagement	ARRIVAL AT APPROVED MENTAL HEALTH FACILITY
Date		
Time		

Pursuant to section 83 (1) of the *Mental Health Act 2015* 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 force or assistance to enter any premises	<input type="checkbox"/>	<input type="checkbox"/>	
Use of force or assistance to apprehend	<input type="checkbox"/>	<input type="checkbox"/>	
Forcible giving of medication needed to bring the person to hospital	<input type="checkbox"/>	<input type="checkbox"/>	
Physical restraints used?	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	

Apprehension invoked by: Police Officer Ambulance Paramedic Mental Health Officer

Name: _____ Badge number: _____

Transport of person by: Police Officer Authorised Ambulance Officer

Name: _____ Signature: _____



* 2 0 2 6 4 *

DONOT WRITE IN THIS BINDING MARGIN

ORIGINAL

20264(1220)

PLEASE ENSURE THAT THIS FORM IS COMPLETED IN FULL



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Name of person detained _____

Address _____

	Start of engagement	ARRIVAL AT APPROVED MENTAL HEALTH FACILITY
Date		
Time		

Pursuant to section 83 (1) of the *Mental Health Act 2015* 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 force or assistance to enter any premises	<input type="checkbox"/>	<input type="checkbox"/>	
Use of force or assistance to apprehend	<input type="checkbox"/>	<input type="checkbox"/>	
Forcible giving of medication needed to bring the person to hospital	<input type="checkbox"/>	<input type="checkbox"/>	
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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	<input type="checkbox"/>	<input type="checkbox"/>	

Apprehension invoked by: Police Officer Ambulance Paramedic Mental Health Officer

Name: _____ Badge number: _____

Transport of person by: Police Officer Authorised Ambulance Officer

Name: _____ Signature: _____



* 2 0 2 6 4 *

DONOT WRITE IN THIS BINDING MARGIN

DUPLICATE

20264(1220)

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Services**

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STATEMENT OF ACTION TAKEN

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Name of person detained _____

Address _____

	Start of engagement	ARRIVAL AT APPROVED MENTAL HEALTH FACILITY
Date		
Time		

Pursuant to section 83 (1) of the *Mental Health Act 2015* 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 force or assistance to enter any premises	<input type="checkbox"/>	<input type="checkbox"/>	
Use of force or assistance to apprehend	<input type="checkbox"/>	<input type="checkbox"/>	
Forcible giving of medication needed to bring the person to hospital	<input type="checkbox"/>	<input type="checkbox"/>	
Physical restraints used?	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	

Apprehension invoked by: Police Officer Ambulance Paramedic Mental Health Officer

Name: _____ Badge number: _____

Transport of person by: Police Officer Authorised Ambulance Officer

Name: _____ Signature: _____



* 2 0 2 6 4 *

DONOT WRITE IN THIS BINDING MARGIN

TRIPLICATE

20264(1220)

PLEASE ENSURE THAT THIS FORM IS COMPLETED IN FULL