



Public – To be published on the Trust external website



For Detained Patients only – use this policy

For Informal Patients please use [“Time Away from the Ward for Informal Patients Policy”](#)

Section 17 Leave for Detained Patients

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Overview Guidance for Taking S17 Leave



Urgent medical treatment, (e.g. heart attacks, strokes, serious burns, wounds or fractures) should not be delayed because the patient doesn't have a signed section 17 form. Leave can be authorised retrospectively by the patient's Responsible Clinician (RC) or the duty RC outside regular hours.



The information in this document is for **detained patients** only.

For **informal patients** please see [Time Away from the Ward for Informal Patients Policy](#)

Before Leave	Is it safe for the patient to go on s17 leave?
	Is there a valid and in date s17 leave form?
	Has the patient been offered/given a copy of the s17 form?
	Has the type of leave been identified?
	For accompanied leave, has the accompanying person been updated on: <ul style="list-style-type: none"> • Risks • Conditions of leave • Purpose of leave
	Is the patient aware of: <ul style="list-style-type: none"> • Risks • Conditions of leave • Purpose of leave
	Has the patient and/or anyone going with them been given names and contact numbers to maintain contact while on leave?
	Is the Nurse in Charge (NIC) aware of the leave and OK for it to go ahead?
	Is the description of the patient recorded and the leave monitoring form updated?
During Leave	Maintain any conditions of the leave
	Maintain contact between the patient/ward as agreed
	If the patient fails to return from leave, follow the missing persons procedure
After Leave	Engage with the patient on how the leave went, any problems encountered, concerns and benefits
	Where applicable get the feedback of families/carers
	Document in the Electronic Patient Record (EPR). Multiple periods of leave can be recorded as a summary
	The information from leave should be used to help inform the review of leave
	Any change to risk will require a review and update of the safety summary and plan.

1 Introduction

This policy outlines guidance on the use of section 17 leave for patients detained under the Mental Health Act (MHA). The Act is compatible with the European Convention on Human Rights.

This document is important in the delivery of [Our Journey to Change](#) and our ambition to co-create safe and personalised care while adhering to the legal requirements for detained patients.

It supports the Trust to co-create a great experience for patients, carers, and families by giving detained patients access to the care that is right for them to support recovery.

2 Why we need this policy

2.1 Purpose



The information in this document is for detained patients only. For informal patients see [Time Away from the Ward for Informal Patients](#).

Patients detained in hospital under the Mental Health Act (MHA) can only leave hospital if they have been given leave of absence by their Responsible Clinician (RC) under section 17 MHA. The following outlines who can authorise leave, the different types of leave and procedures around section 17 leave.

2.2 Objectives

This Policy is published to ensure that all staff are aware of their responsibilities, and compliant with the MHA Code of Practice around planning, facilitating and reviewing leave for detained patients.

3 Scope

3.1 Who this policy applies to

This policy applies to all staff involved in supporting detained patients with section 17 leave.

3.2 Roles and responsibilities

Role	Responsibility
Responsible Clinician (RC)	Only the RC has the permission to authorise , or revoke leave.

Multi-Disciplinary Team (MDT)	This is the team who oversee the patient's care. Although only the RC has the power to authorise s17 leave, many decisions around the details of leave should be done in collaboration with the MDT.
Nurse in Charge (NIC)	Each shift there is one nurse who oversees the ward. The Nurse in Charge and/or another registered nurse will be accountable for all leaves that occur during the span of duty. There must be a system in place on each ward to enable the NIC to identify which patients are on leave.
Registered Mental Health nurse (RMN) and Registered nurse learning disability (RNLD)	Any RMN/RNLD on duty on a ward can make the decision to grant leave that has been authorised by the RC. While they can decide to not allow leave to go ahead, they do not have the power to revoke leave.
Escorting staff	This is a member of Trust staff who stays with, and takes responsibility for, a patient during their leave. Staff undertaking escorting leave need to have completed relevant competencies.
Accompanying person(s)	This is not a Trust member of staff. It is usually a family member, carer or friend. It is only appropriate for that person to be legally responsible for the patient if they understand and accept the consequent responsibility.
Contact nurse	The contact nurse is responsible for a designated number of patients and will have the responsibility of knowing the patient care and treatment, interventions, mental state and risk assessment. The contact nurse will complete the relevant forms (see appendix 3), will ensure that the relevant section 17 leave document is in place and confirm with the Nurse in Charge (NIC) that leave can go ahead prior to patient leaving ward.

4 Policy



Full guidance on leave can be found in chapter 27 of the Mental Health Act Code of Practice.

Where patients are detained to a hospital, they cannot leave without being given leave of absence by their Responsible Clinician (RC).

There are limitations of authorising leave to some patients detained under Part 3 of the MHA. For information, please see [Restricted Patients](#), refer to the CoP, or contact the MHL team.

4.1 Leave – General Points

Leave can be an important part of a detained patient's care and recovery but can also be a time of risk. The RC should prescribe any conditions they think are necessary to keep the patient or other people safe. Wherever possible this should be done in collaboration with the patient, family, and carers. RC's cannot delegate the power to authorise leave.

Leave can be temporary or as a longer period to help assess suitability for discharge. Leave of absence can be extended without the patient having to return to hospital.

Section 17 leave is not required for leave within the grounds of the hospital where the patient is detained.



Please read the [Secure Services](#) section of this document for differences within Ridgeway.



There is no power to authorise leave for patients held under section 5(2), 5(4), s135, s136, or who are recalled from a Community Treatment Order (CTO).

4.2 Types of Leave



Urgent medical treatment, (e.g. heart attacks, strokes, serious burns, wounds or fractures) should not be delayed because the patient doesn't have a signed section 17 form. Leave can be authorised retrospectively by the patient's Responsible Clinician (RC) or the duty RC outside regular hours.

Type of Leave	Description
Escorted	The patient must remain in the custody of a member of Trust approved staff while on leave. Family, carers or friends cannot escort a patient.
Accompanied	A family member, carer or friend agrees to accept responsibility for the patient while on leave. Trust staff can not accompany a patient.
Unescorted/unaccompanied	Leave is facilitated without an escort or an accompanying person.

Short term	Short periods of leave, e.g. 1 hour 3 times daily. A period of overnight leave of less than 7 consecutive overnights.
Long term	A period of overnight leave of more than 7 consecutive overnights.



Please see the section below for further information on [restricted patients](#).

4.3 Authorising Leave

Before the RC authorises leave it is important to consider the following:

The views of the MDT involved in the patients care.
The wishes and views of the patients, carer(s) and family involved in leave.
Risks and benefits to the patient and other people.
Conditions attached to the leave to ensure the safety of the patient and others.
Any additional support a patient may need while on leave.
Any issues relating to child protection, safeguarding or victims.

Prior to section 17 leave outside of the hospital grounds being considered, refer to the Trust [MAPPA Policy](#) with regards to submitting a MAPPA I Mental Health Notification to the MAPPA Coordinator for specific patients. Additionally, a thorough assessment of risks must be undertaken and documented in the electronic patient record (EPR) and a leave plan should be developed. In urgent situations these steps may not be possible.

Where family/carers have not been involved in the decision to prescribe new types of leave, good practice would be to inform them about significant changes in leave if they are involved in the patient's care and the patient consents to this. An example of this would be where the patient goes from having escorted leave to unescorted leave. However, it will not always be practical to share information with carers or family before leave status is changed or the patient uses new leave. In some cases, it will not be appropriate, such as where a patient doesn't consent to share information. It is not an expectation that family/carers are informed each time the patient uses their prescribed leave.

Leave should normally be short term. Where an RC authorises long term leave, they must first consider if a CTO is more appropriate. They should document the reason for their choice in the EPR.

4.3.1 Accompanied Leave

If the RC wants to authorise accompanied leave either they, or a person designated by them, must first speak to the person(s) who are to accompany the patient. The RC or designated person must explain:

- Reasons and purpose of the leave
- Any likely risks during accompanied leave
- The responsibilities of the accompanying person
- Any proposed conditions of the leave

The above conversation must be document in the patient's EPR and the accompanying person offered a copy of the leave form at the earliest opportunity.

4.4 Recording of Leave

The Code of Practice states the Trust must have a standard system for recording authorised s17 leave and any attached conditions.

This is to be done on a s17 leave form (see [appendix 4](#)). Once completed the patient and any accompanying person should sign the form and be offered a copy. Any reasons for not signing should be documented on the form and in the patient record. The reference to the entry and where to find it should be recorded in the signature space for the patient or accompanying person as appropriate. The original form should be sent to the MHL office where it will be uploaded to the electronic patient record.

4.5 Patients Going on Leave (Granting Leave)

Risk assessments/reviews for all patients who are authorised s17 leave may be considered by the MDT in the morning huddle or report out and the outcome recorded in the EPR.

The Nurse in Charge and/or another registered nurse will be accountable for all leaves that occur during the span of duty and will therefore be required to be informed of all leave. They may delegate the process to the contact nurse for completion of documents but must approve all periods of leave.

The contact nurse is responsible for a designated number of patients and will therefore have the responsibility of knowing the patient care and treatment, interventions, mental state and risk assessment. Therefore, the contact nurse will discuss their plans before they take any time away from the ward. The contact nurse will complete the relevant forms (see appendix 3), ensure that the relevant section 17 leave document is in place and confirm with the NIC.

A contact nurse will make sure the patient is aware of any conditions of leave and ask the patient how they feel about the planned leave. This discussion will also provide an opportunity to explore with the patient their views of any identified clinical risk issues, what coping strategies they could use, who they could contact if they need any support /advice, and any plans made in advance for how to return to the ward if a crisis occurs. There should be an agreed method of how the ward will contact the patient if the need arises. This discussion must be documented in the Electronic Patient Record.

Leave is authorised by the RC, but each individual period of leave will be granted at the discretion of the Nurse in Charge (NIC) following confirmation that the steps above are complete.

If, immediately prior to leave, there are risks identified that were not present in the morning huddle/report out, that the NIC does not feel can be mitigated, then leave should not be facilitated.

The ward leave monitoring form must be completed prior to any period of leave and updated on return (see Appendix 3).

The returning time agreed of any leave is recorded on the reverse side of the CARE rounds. The person responsible for the hourly CARE round will check to see if any patient is due to return during their hourly allocated period. They will then monitor to ensure that the person has returned and escalate to the NIC if the patient had failed to return as expected. This is to ensure that there is no delay in reporting when leave is beyond expected time of return.

4.6 While on Leave

Any conditions on the s17 leave form should be followed by both staff and patients and any pre-agreed contact should be maintained during the leave. In addition, any contact from the patient, carers or family should be documented to help inform how the leave is progressing.

4.7 Returning From Leave

The outcome of leave should be documented in the EPR to help future decision making. Multiple periods of leave can be recorded as a summary at the end of a day. Patients, and accompanying people where applicable, should be encouraged to give their views on leave. Examples of things to include:

- How the leave went
- Problems encountered
- Concerns raised
- Benefits

Any change to risk will require a review and update of the safety summary and plan.

4.8 Reviewing Leave

The frequency of reviewing leave will be based on individual patient need, their circumstances, and the service they are an inpatient with. Before altering a patient's leave the factors for [Authorising Leave](#) should be considered.

4.9 Failure to Return from Leave

If a patient fails to return from leave staff should follow the [Missing Patients Procedure](#).

4.10 Recall from Leave

The patient's RC may revoke leave at any time if they consider it necessary in the interests of the patient's health or safety or for the protection of others. RC's must be satisfied that these criteria are met and consider what effect recall may have on the patient.

The RC must arrange for a written notice to be served on the patient, or on the person who has taken responsibility for the patient.

Reasons for recall should be explained to the patient and a record of the explanation included in the patient's EPR.

Once leave has been revoked the patient becomes AWOL and can be returned to hospital following the [Missing Patients Procedure](#) if necessary.

4.11 Restricted Patients

For guidance on medical appointments for restricted patients please see [MOJ authority to use medical leave letter](#) or contact the MHL department.



Urgent medical treatment for restricted patients should not be delayed because the patient doesn't have a signed section 17 form. Leave can be authorised retroactively by the patient's Responsible Clinician (RC), or the duty RC outside regular hours, and the MOJ informed as soon as possible.

Apart from medical leave, any leave for a restricted patient must be approved by the Secretary of State for Justice.

Where restricted patients are detained to a particular unit of a hospital, the Secretary of State's permission is needed for leave to go to any other part of that hospital as well as outside the hospital.

4.11.1 Secure Inpatient Services (SIS)

SIS have identified some differences with leave arrangements for patients detained at Ridgeway as set out below:

Term	Definition
Stage 1	Leave within Ridgeway secure perimeter.
Stage 2	Leave outside the secure perimeter but within the grounds of Roseberry Park.
Stage 3	Leave outside the grounds of Roseberry Park.

Leave outside the secure perimeter is considered by the Ministry of Justice as “community leave” and should be documented on a s17 leave form. This practice will apply to all patients within Ridgeway to ensure appropriate risk management for the safety of patients, staff, and the public.

5 Definitions

Term	Definition
Detained patient	A patient detained to a hospital under a section of the MHA.
Responsible Clinician	Each detained patient only ever has one RC at a time. This is the person who is in overall charge of a detained patient.
Approved Clinician	Certain staff are qualified and registered as an AC. Only an AC can become a patients RC or act as the duty consultant.

6 Related documents

- Mental Health Act Code of Practice
- [Time Away from the Ward for Informal Patients Policy](#)
- [Missing Persons Procedure](#)
- [2019-04-18 MOJ authority to use medical leave letter](#)
- [Bed Management Operational management policy](#)

7 How this policy will be implemented

This policy will be published on the Trust Intranet and be included in the Trust wide policy update briefing. Where applicable, line managers will ensure staff are made aware of this policy and any procedural changes.

7.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
Trust webinars	Inform staff of changes to recording and guidance	Within 1 month after policy implementation	Group Medical Director DTVF	Minimum 3 webinars to be held
Standard templates for recording Section 17 leave will be shared with all inpatient services.	To have a standard template for staff to follow.	Once approved	Associate Director of Nursing	Standard templates shared.
Policy distribution via weekly bulletin	Staff informed	Once policy approved	Policy Team	Included in bulletin

7.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Clinical staff	MHA e-learning	3 hours	Every 2 years

8 How the implementation of this policy will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Ensure key requirements of the policy are being followed	Audit through Clinical Audit and Effectiveness team every year	Results reviewed in each Care Group governance meeting and reported at Executive Quality Improvement Group
2	Various aspects of s17 leave and associated leave plan.	QA tools look at s17 monthly	Results reviewed in each Care Group governance meeting and reported at Executive Quality Improvement Group

9 References

Mental Health Act Code of Practice
Mental Health Act Reference Guide

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	21 January 2025
Next review date	19 July 2026
This document replaces	Leave of Absence under s17 MHA 1983 and time away from the hospital MHA-0003-001-v3.4
This document was approved by	Chief Nurse (approved for immediate publication)
This document was approved	23 December 2024 (approved for immediate publication)
This document was ratified by	Management Group
This document was ratified	21 January 2025
An equality analysis was completed on this policy on	16 June 2023
Document type	Public
FOI Clause (Private documents only)	NA

Change record

Version	Dat	Amendment details	Status
v3	19 July 2023	<p>Revised document created by splitting “Leave of absence under s17 MHA 1983 and time away from the hospitalMHA-0003-001-v2.2” into two separate documents:</p> <p>“MHA-0003-001-v3 Leave for Detained Patients Policy” (this document) and</p> <p>“CLIN-0107-v1 Time Away from the Ward for Informal Patients Policy”.</p>	Withdrawn

v3.1	11 Mar 2024	Section 4.3 - Further clarification regarding family/carer involvement when prescribing new leave.	Withdrawn
v3.1	20 Mar 2024	Retrospective formal ratification of changes of v3.1 received.	Withdrawn
v3.2	18 May 2024	Minor terminology change. “duty Approved clinician (AC) outside regular hours” changed to “duty RC outside of regular hours” in section 4.2 and overview guidance. “Accompanied person” changed to “Accompanying person” in overview guidance.	Withdrawn
v3.3	10 Sep 2024	Changes to terminology: Section 3.2 Roles and responsibilities - changes made to the Nurse in Charge (NIC) role and added role of the Contact Nurse Section 4.2 – Short term leave description clarified. Section 4.3.1- Added ‘or a person delegated by’ the Responsible Clinician. Section 4.4- Updated to add new form in Appendix 4 (Section 17 Leave form) Section 4.5- Updated to reflect the roles and responsibilities of the NIC and Contact Nurse; Also - updated to strengthen the role of the person responsible for the CARE round. Section 7.1- Changed the action owner for webinars; and added action to standardise the template for recording of Section 17 leave.	Withdrawn

v3.4	17 Sep 2024	<p>Change made to section “4.3 Authorising Leave” to reinstate MAPPA notification part of process.</p> <p>Please see below text.</p> <p>“Prior to section 17 leave outside of the hospital grounds being considered, refer to the Trust MAPPA Policy with regards to submitting a MAPPA I Mental Health Notification to the MAPPA Coordinator for specific patients. Additionally, a thorough”</p> <p>Section 4.3 Authorising Leave – added link to MAPPA Policy *</p> <p>*requested by MG meeting of 17 Sept 2024</p>	Withdrawn
v3.5	23 Dec 2024	<p>Leave monitoring form updated to add an example on the form for staff reference and a column has been added for 'contact card provided' to prompt staff to action this at each episode of leave. All changes are to mistake proof and are already covered in the policy.</p> <p>(Approved for immediate publication by Chief Nurse 23 Dec 2024 – and retrospectively ratified at Management Group 21 Jan 2025)</p>	Published
v3.5	21 Jan 2025	<p>Details of retrospective ratification added to document control and footer – no change to content.</p>	Ratified

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The Equality Impact Assessment Policy and Equality Impact Assessment Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Mental Health Legislation
Title	Leave for Detained Patients Policy
Type	Policy
Geographical area covered	Whole Trust
Aims and objectives	This Policy is published to ensure that all staff are aware of their responsibilities, and compliant with the MHA Code of Practice around planning, facilitating, and reviewing leave for detained patients.
Start date of Equality Analysis Screening	04 May 2023
End date of Equality Analysis Screening	16 June 2023

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	This policy benefits the Trust to help ensure it meets it's legislative requirements under section 17 of the MHA. It also benefits patients to ensure they are cared for correctly under MHA.
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications NO (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	Although this policy restricts a patient's liberty, this is done following a legal framework.
Describe any positive impacts / Human Rights Implications	The restriction on liberty is in place to ensure safety of the patient and others.

Section 3	Research and involvement
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What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Mental Health Act 1983 Mental Health Code of Practice
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	Working group established (see “members of the working party” section). There was additional engagement with staff from the clinical areas of the working party. The policy was also taken to the executive directors group for comments before finalisation.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	n/a

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	No new training needs identified. Staff to continue with MHL elearning.
Describe any training needs for patients	NA
Describe any training needs for contractors or other outside agencies	NA

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 – Approval checklist

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2.	Rationale		
	Are reasons for development of the document stated?	Y	
3.	Development Process		
	Are people involved in the development identified?	Y	
	Has relevant expertise has been sought/used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	
	Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4.	Content		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	Y	
	Are supporting documents referenced?	Y	
6.	Training		
	Have training needs been considered?	Y	
	Are training needs included in the document?	Y	
7.	Implementation and monitoring		
	Does the document identify how it will be implemented and monitored?	Y	
8.	Equality analysis		

	Title of document being reviewed:	Yes / No / Not applicable	Comments
	Has an equality analysis been completed for the document?	Y	v3.2
	Have Equality and Diversity reviewed and approved the equality analysis?	Y	v3.2
9.	Approval		
	Does the document identify which committee/group will approve it?	Y	
10.	Publication		
	Has the policy been reviewed for harm?	Y	
	Does the document identify whether it is private or public?	Y	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	NA	

[illegible]

Appendix 4 - Section 17 Leave form

Patient Name				Paris ID		Section		Ward		RC	
I, the Responsible Clinician for the above named patient, authorise leave of absence as detailed below											
Regular/Specified Leave											
From		To		Destination and Reason (please include number of hours, occasions, weekly or daily if appropriate)	Escorted? Yes/No	Accompanied? Yes/No	By Whom	Conditions of Leave or Instructions and observations for risk management if accompanied			
Date	Time	Date	Time								
The conditions of the above leave are: that the patient returns to hospital at the time/date stated, agrees to take medication prescribed, is in contact with his/her care coordinator, attends CPA reviews/ward rounds where appropriate, escorted/unescorted (please specify by whom, i.e. numbers, level of qualification, gender etc.)											
Long Term Leave (end date cannot exceed expiry date of section)											
From		To		Destination and Reason	Conditions of longer term leave eg to remain in the custody of staff of X care home or hospital						
For sections 3/37/45A/47 Leave over 7 days: I have considered the use of a Community Treatment Order and concluded that it is not appropriate at this time and I have fully recorded my reasons for my decision in the patient's MHA Case Notes within the Paris Care Record											
RC Signature				Patient Signature (Or reason not signed, e.g. unable, refused)				Accompanying Person Signature (where relevant)			
Date				Date				Date			
Please ensure a copy of this form is given to relevant people including the patient, accompanying person, carer, original to MHA Office											
Copy given to patient YES <input type="checkbox"/> NO <input type="checkbox"/>				Copy given to accompanying person YES <input type="checkbox"/> NO <input type="checkbox"/>				Additional copy given to: (please insert names/roles)			
Reason if not given:				Reason if not given:							