36A.

PDF UPLOAD

P.3, r.45(2)(a) FJ(G)R 2024

## Mental Capacity Assessment Report (VAA)

1. This form contains the relevant information to be provided for the purposes of a Mental Capacity Assessment Report under the Vulnerable Adults Act 2018 (“VAA”).
2. Complete either **Part A** or **Part B** of this Form:
3. **Part A:** For applications for Orders under sections 14 or 15 by a person mentioned in section 12(2)(a)(i) VAA[[1]](#footnote-1). To be filled in by a mental capacity assessor as appointed by the Director-General of Social Welfare under the VAA.
4. **Part B:** For applications for Orders under sections 14 or 15 by a person mentioned in section 12(2)(a)(ii) [[2]](#footnote-2) or (iii)[[3]](#footnote-3) VAA. For use in support of a Court application under the VAA.

Guidance Notes:

1. A person lacks mental capacity in relation to a matter if at the material time he or she is unable to make a decision for himself or herself in relation to the matter, because of an impairment of, or a disturbance in the functioning of, the mind or brain.
2. A person is unable to make a decision for himself or herself if he or she is unable –

(a) To understand the information relevant to the decision;

(b) To retain that information;

(c) To use or weigh that information as part of the process of making the decision; or

(d) To communicate his or her decision (whether by talking, using sign language or any other means).

1. The information relevant to a decision includes information about the reasonably foreseeable consequences of –

(a) Deciding one way or another; or

(b) Failing to make the decision.

1. A person’s capacity must not be judged simply on the basis of their age, appearance, condition or as aspect of their behaviour. A person is not to be deemed as unable to make a decision unless all practicable steps to help him or her to do so have been taken without success.

## [ ]  Part A

### Section 1: Individual’s Particulars

|  |  |
| --- | --- |
| **Name** (as in NRIC): | Enter name here |
| **Gender**:  | [ ]  Male [ ]  Female |
| **NRIC / FIN / Passport No.**: | [ ]  NRIC (Pink) Enter NRIC no. here[ ]  NRIC (Blue) Enter NRIC no. here[ ]  FIN Enter FIN no. here[ ]  Passport Enter passport no. here[ ]  Others [If others, please specify. Please also include identification no.] |
| **Date of Birth**: | Enter date of birth here |
| **Place of Assessment**:  | Enter location here |
| **Date of Assessment**:  | Enter date of assessment here |

### Section 2: Assessor’s Particulars

|  |  |
| --- | --- |
| **Name** (as in NRIC): | Enter name here |
| **MCR/SRP No.**: | Enter MCR/SRP no here |
| **Contact No.**: | Enter contact no here |
| **Designation and Department**: | Enter Designation/Department here |
| **Assessor’s qualifications and experience in assessing mental capacity**: | Enter details here |
| **Hospital / clinic / organisation and address**: | Enter details here |
| **Relationship with Vulnerable Adult (“VA”)**:  | [ ]  I have been seeing the VA regularly over a period of time.Date of first consultation/assessment: Enter date hereFrequency of consultation/assessment: Enter details hereDate of last examination/assessment: Enter date here[ ]  I am seeing the VA for this mental capacity assessment only. |

### Section 3: Individual’s Medical Information

|  |  |
| --- | --- |
| **Past medical history (if any)**: | Past Diagnosis: Enter details hereDate of assessment: Enter date hereSource of information: [ ]  Medical records/report – please specify doctor & clinic/hospital: Enter details here[ ]  Vulnerable adult[ ]  Others – please specify name & relationship: Enter details here |
| **Current Diagnosis**: | Please state what the individual is suffering from |
| **Symptoms in relation to mental capacity[[4]](#footnote-4):** | Is there a current impairment of or disturbance in the functioning of the person’s mind or brain?[[5]](#footnote-5):Enter details here |

### Section 4: Assessment of Vulnerable Adult’s Mental Capacity

*Refer to Guidance Notes at page 1 if necessary.*

|  |
| --- |
| **Mental Capacity to Consent** |
| *Does the Vulnerable Adult have the mental capacity to consent to the court interventions indicated in sub-sections \_\_\_\_\_\_\_\_\_\_ :* |
| i. To be committed to a place of temporary care and protection or the care of a fit person for a period not exceeding six months; | [ ]  Yes[ ]  No[ ]  Unable to understand information relevant to decision[ ]  Unable to retain information [ ]  Unable to use or weigh information for decision making[ ]  Unable to communicate his/her decision |
| ii. To be committed to a place of safety or the care of a fit person for a specified period exceeding six months; | [ ]  Yes[ ]  No[ ]  Unable to understand information relevant to decision[ ]  Unable to retain information [ ]  Unable to use or weigh information for decision making[ ]  Unable to communicate his/her decision |
| iii. For a person to produce him/her at a medical or dental facility for such medical or dental treatment as may be necessary to enable his/her committal to a place of temporary care and protection, the care of a fit person or a place of safety; | [ ]  Yes[ ]  No[ ]  Unable to understand information relevant to decision[ ]  Unable to retain information [ ]  Unable to use or weigh information for decision making[ ]  Unable to communicate his/her decision |
| iv. To be placed under the supervision of protector, approved welfare officer or a person appointed by the Court, for a specified period; | [ ]  Yes[ ]  No[ ]  Unable to understand information relevant to decision[ ]  Unable to retain information [ ]  Unable to use or weigh information for decision making[ ]  Unable to communicate his/her decision |
| v. To make his/her place of residence a safe living environment, including removing him/her temporarily for this purpose and disposing of articles or things in the residence; | [ ]  Yes[ ]  No[ ]  Unable to understand information relevant to decision[ ]  Unable to retain information [ ]  Unable to use or weigh information for decision making[ ]  Unable to communicate his/her decision |
| vi. To restrain another person from abusing or further abusing him/her; and | [ ]  Yes[ ]  No[ ]  Unable to understand information relevant to decision[ ]  Unable to retain information [ ]  Unable to use or weigh information for decision making[ ]  Unable to communicate his/her decision |
| vii. To be granted exclusive right of occupation of the premises where he/she ordinarily resides, or part thereof, to the exclusion of another person; and | [ ]  Yes[ ]  No[ ]  Unable to understand information relevant to decision[ ]  Unable to retain information [ ]  Unable to use or weigh information for decision making[ ]  Unable to communicate his/her decision |
| viii. To prohibit a person from entering and remaining in a specific area outside his/her place of residence or any other place he/she frequents; and | [ ]  Yes[ ]  No[ ]  Unable to understand information relevant to decision[ ]  Unable to retain information [ ]  Unable to use or weigh information for decision making[ ]  Unable to communicate his/her decision |
| ix. To prohibit a person from visiting or communicating with him/her; and | [ ]  Yes[ ]  No[ ]  Unable to understand information relevant to decision[ ]  Unable to retain information [ ]  Unable to use or weigh information for decision making[ ]  Unable to communicate his/her decision |
| x. To be required to attend counselling or any other court directed programmes | [ ]  Yes[ ]  No[ ]  Unable to understand information relevant to decision[ ]  Unable to retain information [ ]  Unable to use or weigh information for decision making[ ]  Unable to communicate his/her decision |
| xi. To be placed under the custody, charge and care of the Director-General of Social Welfare / protector until an application to court under section 12 is made and determined | [ ]  Yes[ ]  No[ ]  Unable to understand information relevant to decision[ ]  Unable to retain information [ ]  Unable to use or weigh information for decision making[ ]  Unable to communicate his/her decision |
| **Basis of Opinion** |
| Supporting Information / clinical observations | Enter details here |

### Section 5: Prognosis

Where “No” is indicated in any or all of the above:

Do you consider there is a prospect that the person might regain or acquire capacity in the future in respect of the decisions to which the application relates?

[ ]  Yes. *Please state why and given an indication of when this might happen.*

|  |
| --- |
| Enter details here |

[ ]  No. *Please state why*.

|  |
| --- |
| Enter details here |

### Section 6: Any Other Information / Remarks

|  |
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| Enter details here |

### Section 7: Declaration

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| I believe in the correctness of the assessment set out herein. I do not have any family members or friends who have any interest (financial or otherwise) in any matter concerning the person to whom the application relates. I understand that this report may be used by the Director-General of Social Welfare or protector in the exercise of statutory powers under the Vulnerable Adults Act 2018, or submitted to the Court in an application for a court order under the Vulnerable Adults Act 2018. The assessment of mental capacity is only for decisions covered under this form and cannot be used for any other transactions or purposes at present or in future, whether or not related to the Vulnerable Adults Act 2018. **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## [ ]  Part B

Enter date here

|  |  |
| --- | --- |
| Full name of Patient: | Enter full name as per NRIC/ Passport here. |
| Identity No.: | Enter NRIC/ FIN/ Passport no. here. |
| Age of Patient at last birthday: | Enter age at last birthday here. |

 This is to certify that:

1. the above-named patient does not have the mental capacity to give consent to either an approved welfare officer or his/her donee / deputy (if any) or a family member to make an application for any of the Court Orders stated below.
2. *(Optional)* Medical diagnosis:

|  |
| --- |
| Enter details here |

###  Assessment of Vulnerable Adult’s Mental Capacity

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| --- |
| **Mental Capacity to Consent**  |
| *Does the Vulnerable Adult have the mental capacity to consent to the following court interventions:* |
| 1. Section 14(1)(e)

To restrain another person from abusing or further abusing him/her; and/or | [ ]  Yes[ ]  No[ ]  Unable to understand information relevant to decision[ ]  Unable to retain information [ ]  Unable to use or weigh information for decision making[ ]  Unable to communicate his/her decision |
| 1. Section 14(1)(f)

To be granted exclusive right of occupation of the premises where he/she ordinarily resides, or part thereof, to the exclusion of another person; and/or  | [ ]  Yes[ ]  No[ ]  Unable to understand information relevant to decision[ ]  Unable to retain information [ ]  Unable to use or weigh information for decision making[ ]  Unable to communicate his/her decision |
| 1. Section 14(1)(g)

To prohibit a person from entering and remaining in a specific area outside his/her place of residence or any other place he/she frequents; and/or | [ ]  Yes[ ]  No[ ]  Unable to understand information relevant to decision[ ]  Unable to retain information [ ]  Unable to use or weigh information for decision making[ ]  Unable to communicate his/her decision |
| 1. Section 14(1)(h)

To prohibit a person from visiting or communicating with him/her. | [ ]  Yes[ ]  No[ ]  Unable to understand information relevant to decision[ ]  Unable to retain information [ ]  Unable to use or weigh information for decision making[ ]  Unable to communicate his/her decision |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Doctor:** Enter name of doctor here

**Clinic/Hospital:** Enter clinic/hospital here

**Medical Registration Number:** Enter Reg. number here

1. The Director-General or a protector. [↑](#footnote-ref-1)
2. An approved welfare officer or the vulnerable adult’s done or deputy (if appointed). [↑](#footnote-ref-2)
3. A family member of the vulnerable adult. [↑](#footnote-ref-3)
4. e.g., symptoms of alcohol or drug use, delirium, concussion, head injury, conditions associated with mental illness, dementia, significant learning disability, brain damage, confusion, drowsiness, or loss of consciousness due to a physical or medical condition. [↑](#footnote-ref-4)
5. If there is no indication of impairment of or disturbance in the functioning of the person’s mind or brain, the person will not lack capacity within the meaning of section 4 of the Mental Capacity Act 2008. [↑](#footnote-ref-5)