

# Form GU 5

## Regulation 9(3)

### **Mental Health Act 1983 section 7 - record of acceptance of guardianship application**

*(To be attached to the guardianship application)*

*(full name and address of patient)*

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*(\*delete the phrase that does not apply)*

This application was accepted by/on behalf\* of the local social services authority

*(date)*

on 

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|  |
|--|

**Signed:** .....  
on behalf of the responsible social services authority

**Name:** .....

**Date:** .....