Form TC 3

Regulation 24(2)and (3)

Mental Health Act 1983 section 19 - Authority for transfer of a patient from the guardianship of one guardian to another

PART 1

(To be completed by the present guardian)

Authority is given for the transfer of

(name and address of patient)

from the guardianship of

(name and address of the present guardian)

to the guardianship of

(name and address of the proposed guardian)

in accordance with the Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008.

This transfer was agreed by

(name of local social services authority)

(date) on

(date) This transfer is to take place on

(delete whichever does not apply)

Signed: ..... the guardian/on behalf of the local social services authority which is the guardian

Name: .....

Date: .....

Please turn over

PART 2

(To be completed by the proposed guardian, if not the responsible local social services authority)

I am willing to act as the guardian of the above named in accordance with Part 2 of the Mental Health Act 1983.

I confirm that my full name and address is as entered in Part 1 of this form.

Signed: ……

Date: ……

PART 3

(This is not part of the authority for transfer but is to be completed by the responsible local social services authority)

This patient was transferred into the guardianship of

(name of guardian or local social services authority)

(date) on | | in pursuance of this authority for transfer.

Signed: …… on behalf of the local social services authority

Name: ……

Date: ……