

Form TC 4

Regulation 24(4) and (5)

Mental Health Act 1983 section 19 - authority for transfer from guardianship to hospital

PART I

(To be completed on behalf of the local social services authority)

Authority is given for the transfer of

*(full name and
address of patient)*

who is at present under the guardianship of

*(name and address
of guardian)*

to

*(name and address
of hospital)*

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

Signed: on behalf of
local social services authority

Name:

Date:

Please turn over

PART 2

(This is not part of the authority for transfer but is to be completed at the hospital to which the patient is transferred)

This patient was admitted to the above named hospital in pursuance of this authority

(date of admission)

for transfer on

Signed: on behalf of
managers of the receiving hospital

Name:

Date: