

Section 7 – guardianship application by nearest relative

PART 1

(To be completed by the nearest relative)

To the *(name of local social services authority)*

[Blank space for local social services authority name]

I *(PRINT your full name and address)*

[Blank space for applicant's name and address]

apply for the reception of
(PRINT full name and address of patient)

[Blank space for patient's name and address]

into the guardianship of
(PRINT full name and address of proposed guardian)

[Blank space for proposed guardian's name and address]

in accordance with Part 2 of the Mental Health Act 1983.

Complete (a) or (b) as applicable and delete the other

(a) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Act.

I am the patient's *(state your relationship with the patient)*

[Blank space for relationship with patient]

(b) I have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court / the patient's nearest relative *(delete the phrase which does not apply)*, and a copy of the authority is attached to this application.

* The patient's date of birth is

/ /

(date)

OR

* I believe the patient is aged 16 years or over.

(Delete the phrase which does not apply.)*

I last saw the patient on

/ /

(date)

which was within the period of 14 days ending on the day this application is completed.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient—

(If you need to continue on a separate sheet please indicate here () and attach that sheet to this form)

Signed

Date

/		/
---	--	---

PART 2*

(Complete only if proposed guardian is not a local social services authority)*

(To be completed by the proposed guardian)

My full name and address is as entered in Part 1 of this form and I am willing to act as the guardian of the above named patient in accordance with Part 2 of the Mental Health Act 1983.

Signed

Date

/		/
---	--	---