

Section 19 – authority for transfer from hospital to guardianship

PART 1

(To be completed on behalf of the managers of the hospital where the patient is detained)

Authority is given for the transfer of *(PRINT full name of patient)*

who is at present liable to be detained in *(name and address of hospital)*

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

in accordance with the Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008.

This transfer was agreed by the *(name of local social services authority)*

on

(date of confirmation)

The transfer is to take place on

(date)

Signed

on behalf of the hospital managers

PRINT NAME

Date

PART 2*

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

(To be completed by the proposed private 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

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IF THE GUARDIAN IS TO BE A PRIVATE GUARDIAN, THE TRANSFER MAY NOT TAKE PLACE UNTIL BOTH PARTS OF THIS FORM ARE COMPLETED