# Form G8 - Regulation 8(2) and (4) Mental Health Act 1983

## Section 19 — Authority for transfer from guardianship to hospital

### PART 1

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

Authority is given for the transfer of [PRINT 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 and Treatment) (England) Regulations 2008.

Signed on behalf of the local social services authority

PRINT NAME Date

### PART 2 RECORD OF ADMISSION

(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 for transfer on [date of admission to receiving hospital]

at [time].

Signed on behalf of the managers of the receiving hospital

PRINT NAME Date

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Mental Health

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