# Form G7 - Regulation 8(1)(a),(d) and (e) 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 [PRINT full name and address of patient]

from the guardianship of [PRINT full name and address of the present guardian]

to the guardianship of [PRINT full name and address of the 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

the guardian/on behalf of the local social services authority which is the guardian <Delete whichever does not apply>

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

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

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Mental Health

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