

This box is for the use of the Mental Health Tribunal for Scotland only

[Empty box for use of the Mental Health Tribunal for Scotland only]

Instructions v7.1

The following form is to be used:

by a Health Board to notify the Mental Health Tribunal for Scotland that it has complied with an order made by the Tribunal under Sections 264(2), 265(3), 268(2) or 269(3) following transfer of a patient deemed to be held in conditions of excessive security

There is no statutory requirement that you use this form but you are strongly recommended to do so.
This form draws attention to some procedural requirements under the Mental Health (Care and Treatment) (Scotland) Act 2003.
Failure to observe procedural requirements may invalidate the order.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes
in **BLOCK CAPITALS**
and in **BLACK or BLUE** ink

For example

[Grid of boxes for example text]

Shade circles like this ->



Not like this ->



Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

Patient Details

CHI Number [Grid]

Surname [Grid]

First Name (s) [Grid]

Other / Known As [Grid]

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title [Grid]

Gender

- Male Female Prefers not to say Not listed

DoB dd / mm / yyyy [Grid]

If not listed, please specify

[Grid for gender specification]

Tribunal Order Details

The Mental Health Tribunal for Scotland made an order under Section: 264(2) 265(3) (State hospital) 268(2) 269(3) (Hospital other than state hospital)

Dated dd / mm / yyyy [Grid]

Transfer Details

The patient has been transferred to:

Hospital / Unit [Grid]

Ward [Grid]

The patient was transferred to the above hospital on date: [Grid]



Completed by

Surname

First Name (s)

Title

Address

Postcode

I am a representative of

Health Board **NHS**

I confirm that:

- 1) The hospital named on page 1 is not a state hospital;
- 2) The Health Board, the hospital managers, and where appropriate, the Scottish Ministers (see notes) agreed that the hospital is one in which the patient could be detained in appropriate conditions of lesser security;
- 3) Accommodation is available for the patient in this hospital;
- 4) The managers of the hospital in which the patient was previously detained in conditions of excessive security were notified of the hospital to which the patient was to be transferred.

Signed

Date / /

This form should be sent to **The Mental Health Tribunal for Scotland**

and copied to **The Mental Welfare Commission for Scotland**

Notes

Scottish Ministers are only required to agree where the patient is subject to: a compulsion order and a restriction order, a hospital direction, or a transfer for treatment direction

