

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

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Instructions

v7.0

The following form is to be used:

Either where the Scottish Ministers make a reference, or to record where an application is made by the patient / patient's named person or a listed person to the Mental Health Tribunal for Scotland in respect of the direction to which the patient is subject,




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 record.

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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	<input type="text"/>
Surname	<input type="text"/>
First Name (s)	<input type="text"/>
Other / Known As	<input type="text"/>

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

Title

Gender Male
 Female

DoB dd / mm / yyyy / /

Patient's Home address

Postcode

Correspondence address for the patient is:

- Home address noted above
- Detention hospital/ward (enter in text box)
- Other address (enter in text box)

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The patient is subject to: a hospital direction a transfer for treatment direction

The direction was made on: Date / /

The patient is detained in:

Hospital

Ward



**To be completed by Scottish Ministers or the
Mental Health Tribunal for Scotland**

Named Person

- The patient does not have a named person
- The patient does have a named person - details below

Surname																																																				
First Name																																																				
Title																																																				
Address																																																				
Address																																																				
Address																																																				
Address																																																				
Postcode																	Telephone																																			

Primary Carer, Advocacy Worker, Welfare Attorney, Welfare Guardian

Full name and address of the patient's primary carer (if any)

Full name and address of the patient's advocacy worker where applicable (including contact telephone number and email address (where known))

Full name and address of the patient's welfare attorney where applicable (See note)

Full name and address the patient's welfare guardian where applicable (See note)

Notes "Welfare attorney" means an individual authorised, by a welfare power of attorney granted under section 16 of the Adults with Incapacity (Scotland) Act 2000 (asp 4) and registered under section 19 of that Act, to act as such.

"Guardian" means a person appointed as a guardian under the Adults with Incapacity (Scotland) Act 2000 (asp 4) who has power by virtue of section 64(1)(a) or (b) of that Act in relation to the personal welfare of a person.



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Record Of Contact Details Of Others Relevant to the Reference/Application

Please provide the names and addresses of others who may be relevant to this reference/application, where not available elsewhere on this form or the Mental Health Reports, and whom the Mental Health Tribunal for Scotland may wish to hear evidence from, for example: the patient's GP. Also record any others who should be invited to the hearing.

Curator Ad Litem

If, in your view, the patient requires a Curator Ad Litem, please indicate this here and give your reasons.



Type Of Reference

The Scottish Ministers are making a reference under :

- section 210(3) of the Act following a report submitted by the patient's RMO
- section 211(2) of the Act following a requirement to do so from the Mental Welfare Commission
- section 213 of the Act because no reference under section 210(3) or 211(2), or application under section 214(2) has been determined by the Mental Health Tribunal for Scotland during the previous two years in respect of the direction to which the patient is subject.

Please detail the RMO's recommendation or the Mental Welfare Commission's reasons for requiring a reference to be made

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Notification - reference under section 210 and 213 only

Scottish Ministers shall as soon as is practicable give notice to the following that the reference is to be made:

- the patient;
- the patient's named person (if any);
- any guardian of the patient;
- any welfare attorney of the patient;
- the patient's RMO
- the MHO, and
- the Mental Welfare Commission



Advance Statement

Shade A or B as appropriate

A As far as I am aware, the patient has made and not withdrawn an advance statement made under the terms of section 275 of the Act.

OR

B As far as I am aware the patient has not made an advance statement under the terms of section 275 of the Act.

If the patient has an Advance Statement, could Scottish Ministers please ensure that it is enclosed with the reference.

Signature / Date

This reference was made on behalf of Scottish Ministers by:

Name

Job Title

Signature

Date

 /

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