**AGREEMENT TO ACT AS THE NAMED PERSON**

**MADE UNDER THE**

**MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND) ACT 2003**

Name of person nominating the named person:………………………………..

Name of person agreeing to act:……………………………………………………

Date of birth of person agreeing to act…………………………………………….

Address of person agreeing to act ..........................................................

………………………………………….

………………………………………….

………………………………………….

*I hereby agree to act as the named person for* ………………………………. *[name] of*…………………… …………………….………………………………. *[address]* *with regard to the Mental Health (Care and Treatment) () Act 2003. ) Act 2003.*

Signature ……………………………….

***NOTE:*  This form came into effect on 27 May 2020 and reflects that fact that there is no longer a need for a prescribed person to witness the nominee’s signature.**

You should send a copy of this document to everyone who was sent a copy of the nomination form.