





**PART 1** **To be completed by Mental Health Tribunal for Scotland**

**Details of transfer subject of appeal**

The patient is currently detained in the following Scottish hospital or, for patients subject to requirements other than detention, the hospital having responsibility for appointing their responsible medical officer:

Hospital

Ward / Clinic

It is proposed the patient be transferred to:  
*(note: for patients subject to requirements other than detention, enter the details of the receiving responsible hospital)*

Hospital

Address

Country

The proposed transfer date is: Date  /  /

Where Scottish Ministers have granted their authority, Date  /  /   
the warrant to transfer the patient was made on:

**PART 2: Section 289 or 290 Order** **To be completed by Mental Health Tribunal for Scotland**

An appeal under section 290 of the Act was Date  /  /   
received on:

- This application was made by:
- the patient
  - the patient's named person
  - the patient's guardian
  - the patient's welfare attorney
  - the patient's primary carer
  - the patient's nearest relative





## Advance Statement

Complete A or B or C as appropriate

**A**  As far as is practicable to ascertain, the patient does not have an advance statement under S275 of the Act.

**OR**

**B**  As far as is practicable to ascertain: the patient has made and not withdrawn an advance statement under S275 of the Act; and the patient's current/proposed care and treatment authorised by virtue of this decision are NOT in conflict with any wishes specified in that advance statement.

**OR**

**C**  The patient has made and not withdrawn an advance statement under S275 of the Act. This advance statement IS in conflict with current/proposed care and treatment authorised by virtue of this decision. Please record in the box below:

- The date of the advance statement(s).
- Details of treatment that is in conflict with the advance statement and how.
- Where the conflict with the advance statement concerns treatment the patient specified wishes to receive, that they are not receiving, please provide details of this.
- Reasons for the decision that allows this treatment to be given/not given, despite the conflict with the advance statement, with reference to the Principles of the Act.

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Where the treatment is in conflict with the advance statement, a record of the above has been sent to:

- the patient
- the patient's welfare attorney
- the patient's named person (if any)
- the patient's guardian
- the Mental Welfare Commission (a copy of this form and any other record which has been sent to the patient/ others)

## Signature & Date

Signed  
by the Convenor

Date  
dd / mm / yyyy

 /  / 