

Appeal Against Transfer

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

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Instructions

The following form is to be used:

- where an appeal against a transfer is made to the Mental Health Tribunal under:
- sections 125 or 219 of the Act - transfers to any hospital other than a state hospital
 - sections 126 or 220 of the Act - transfers to a state hospital




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

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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

Surname

First Name(s)

Other / Known As

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

Title

Gender	<input type="radio"/> Male
	<input type="radio"/> 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)



Details of Transfer

The patient is currently detained in / was detained in prior to transfer -

Hospital																									
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Ward/ Unit/ Clinic																									
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It is proposed the patient be transferred to / the patient has been transferred to:

Hospital																									
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Ward / Unit/ Clinic																									
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The decision to transfer the patient was made on:	Date			/			/			
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The proposed transfer date is / was:	Date			/			/			
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All the relevant parties were notified of the proposed transfer by :	Date			/			/			
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(where applicable) The transfer took place on:	Date			/			/			
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Details of Appeal

The Mental Health Tribunal for Scotland received -

- An appeal under section 125 of the Act (including as applied by section 178) against a transfer to any hospital other than a state hospital.
- An appeal under section 126 of the Act (including as applied by section 178) against a transfer to a state hospital.
- An appeal under section 219 of the Act against a transfer under section 218 to any hospital other than a state hospital.
- An appeal under section 220 of the Act against a transfer under section 218 to a state hospital.

The above appeal was received on:	Date			/			/			
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The appeal against a transfer was made by:

<input type="radio"/> the patient	<input type="radio"/> the patient's welfare attorney
<input type="radio"/> the patient's named person	<input type="radio"/> the patient's primary carer
<input type="radio"/> the patient's guardian	<input type="radio"/> the patient's nearest relative

The named person is:

Surname																									
First Name																									
Title																									
Address																									
Postcode																									



Hearing Details

A hearing to consider the above appeal was heard on Date []/[]/[]

Before the following Tribunal members -

Convener []

Medical []

General []

Hearing Address []

Postcode []

Before determining the application, the Mental Health Tribunal for Scotland afforded the persons mentioned in section 103 (6) of the Act the opportunity to: make representations (whether orally or in writing); and leading, or producing evidence. Evidence was provided by:

- Patient
○ Patient's MHO
○ Patient's Named Person
○ Patient's RMO
○ Guardian of the patient
○ Patient's primary carer
○ Welfare Attorney of patient
○ Curator Ad Litem
○ Any other person appearing to the Tribunal to have an interest (list in box below)

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TRIBUNAL DETERMINATION

shade as appropriate

A: complete where - Refusing the Appeal

- The Mental Health Tribunal for Scotland is NOT satisfied that the appeal has been made in line with the conditions specified in the appropriate section of the Act [sections 125(2), 126(2), 219(2), or 220(2)], and refuses the appeal

B: complete where - Upholding the Appeal and Refusing the Transfer

- The Mental Health Tribunal for Scotland is satisfied that the transfer should NOT take place.

Where the patient has already been transferred, the patient should be returned to the hospital from which they were transferred.

C: complete where - Confirming the Transfer

- The Mental Health Tribunal for Scotland is satisfied that the transfer should take place and makes an order that the patient be so transferred.



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

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