

Appeal Against Transfer

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

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

Instructions

v7.1

The following form is to be used:

- where an appeal against a transfer is made to the Mental Health Tribunal for Scotland 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

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

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
 Male Female Prefers not to say Not listed

DoB dd / mm / yyyy

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

If not listed, please specify

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

Patient's home address

Postcode

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

<< Please enter NF1 1AB if no fixed abode

Correspondence address for the patient is:

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

[Large empty rectangular box for entering correspondence address details]



Details of Transfer

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

Hospital

Ward/ Unit/ Clinic

It is proposed the patient be transferred to / the patient has been transferred to:

Hospital

Ward / Unit/ Clinic

The decision to transfer the patient was made on: Date / /

The proposed transfer date is / was: Date / /

All the relevant parties were notified of the proposed transfer by : Date / /

(where applicable) The transfer took place on: Date / /

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 / /

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

e-mail address



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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