The Mental Health (Care and Treatment) (Scotland) Act 2003

Appeal Against Transfer

| 1710 |
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| Tribunal for Scotland only | This box is for the use of the Mental Health Tribunal for Scotland only | |
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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.

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| 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 the box. Extension sheet(s) should be clearly labelled w labelled with the appropriate text box reference number. | | | | | | | | vith I | n ex Patio | tend ent's | d yol s nai | ur re ne a | spo ind (| nse CHI | on _I nun | olain nber | n pa , an | per i d ea | vhe ch e | re th | nere nded | is in I res | suffic pons | cier se s | nt sp shou | ace i Id be |
| Patient Details | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHI Number | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name(s) | | | | | | | | | | | | | | | | | | | | | | | | | | 1 |
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| Title | | | | | | | | | | |] c | Send | | | ~ _ _ | | | ` D | | | | | | | | |
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| Patient's home address | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Postcode | | | | | | | | < | < Pl | ease | e en | ter N | IF1 | 1 <i>A</i> B | if n | o fix | red . | aboc | le | | | | | | | J |
| Correspondence address | s for | the | pat | ient | t is: | | | | | | | | | | | | | | | | | | | | | |
| O Home address noted a | bov | е | | | | | | | | | | | | | | | | | | | | | | | | |
| O Detention hospital/ward | d (er | nter | in te | ext l | box |) | | | | | | | | | | | | | | | | | | | | |
| Other address (enter in text box) | | | | | | | | | | | | | | | | | | | | | | | | | | |



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| Details of Transfer | | | | | | | | | | | | | | | | | | | | | for | | |
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| he patient is currently detain | ned in | / wa | ıs d | etair | ed i | n pı | rior t | o tra | ınsf | er - | | | | | | | | | | | | | |
| Hospital | | | | | | | | | | | | | | | | | | | | | | | |
| Vard/ Unit/ Clinic | | | | | | | | | | | | | | | | | | | | | | | |
| is proposed the patient be t | ransf | errec | d to | / the | pati | ient | t has | bee | n tr | ansf | erre | ed to |) : | | | | | | | | | | |
| Hospital | | | | | | | | | | | | | | | | | | | | | | | |
| Vard / Unit/ Clinic | | | | | | | | | | | | | | | | | | | | | | | |
| he decision to transfer the p | atien | t wa | s m | ade | on: | | [| Date | | | | | / | | | / | | | | | | | |
| The proposed transfer date is / was: Date | | | | | | | | | | | | | / | | | / | | | | | | | |
| All the relevant parties were notified of the proposed transfer by : | | | | | | | [| Date | | | | | / | | | / | | | | | | | |
| where applicable) The trans | sfer to | ook p | olac | e on | : | | [| Date | | | | | / | | | / | | | | | | | |
| Details of Appeal | | | | | | | | | | | | | | | | | | | | | | | |
| he Mental Health Tribunal fo | or Sco | otlan | d re | ceiv | ed - | | | | | | | | | | | | | | | | | | |
| An appeal under section other than a state hosp | | 25 of | the | Act | (inc | ludi | ing a | as ap | plie | ed by | / se | ctio | n 1 | 78) | aga | nst | a tı | rans | fer | to a | ny | hos | pita |
| An appeal under section | on 12 | 6 of | the | Act | (incl | udir | ng a | s ap | plie | d by | sec | tior | 17 | '8) a | gai | nst | a tr | ansi | fer t | o a | sta | te h | osp |
| An appeal under section | on 21 | 9 of | the | Act: | انمما | not | _ 1 | | | - al a | | | | _ | | | cni | tal a | tha | r the | an s | o ctr | ata |
| hospital. | | | | 7101 | ayan | 1151 | a tra | ınsıe | er ur | ider | sec | tion | 121 | 8 to | any | / IIC | JSPI | lai U | ıııe | I LIIG | uii c | a 516 | aic |
| hospital. | | | | | | | | | | | | | | | | | | | | I LIIC | air c | a 516 | aic |
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| O The Ment | al Health Tribuna | I for Scotland i | s satisf | ied th | at the | trans | fer | should | NO | T tak | e pla | ice. | | | | | |
| Where the transferre | e patient has alre | ady been trans | sferred, | the p | atient | shou | ld b | e retur | ned | to th | e hos | spital | fron | า wh | nich | they | were |
| C: complete | e where - Confir | ming the Tran | sfer | | | | | | | | | | | | | | |

The Mental Health Tribunal for Scotland is satisfied that the transfer should take place and makes no order under section 125(5).



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| | | | | | To be completed by the | Mental Health Tribunal for Scotland |
|----------------|------|------------------------------|---|---|---|---|
| Adv | /an | ce St | atement | | | |
| Coi | mple | ete A o | r B or C as ap | ppropriate | | |
| Α | 0 | As fa | ır as is practio | cable to ascertain, the patie | nt does not have an advance stateme | ent under S275 of the Act. |
| 0 | R | | | | | |
| В | 0 | of th | e Act; and the | | sed care and treatment authorise | vn an advance statement under S275 ed by virtue of this decision are NOT in |
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| C | 0 | state Plea - - - | ement IS in one se record in The date of the Details of treat Where the coare not received. | conflict with current/proporthe box below: ne advance statement(s). atment that is in conflict with anflict with the advance state wing, please provide details | of this. treatment to be given/not given, des | ed by virtue of this decision. t specified wishes to receive, that they |
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| | | ○ the | e patient e patient's nar | med person (if any) | vance statement, a record of the about the patient's welfare attorned the patient's guardian this form and any other record which | |
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