# Application to Transfer a Patient to a Hospital outside Scotland

| TX1a ∣ |
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Instructions v7.1

#### The following form is to be used where:

i) it is proposed that a patient be transferred from Scotland who is subject to the Act, or certain provisions of the Criminal Procedure (Scotland) Act (1995) (the 1995 Act), which authorises the patient's detention in hospital, including where that measure requiring the patients detention in hospital is suspended; or

ii) the transfer from Scotland to a place outwith the United Kingdom of an informal patient who is in hospital for the purpose of receiving medical treatment for mental disorder (ie a patient who is not formally subject to the Act or the 1995 Act).

| procedural requirements ur  |       |         |      |         |          | are ar  |  | atm           | ent) (        | Scot         | land)           | ) Act        |                |             |              |            |               |                |                  |              |                            |                |                |                | ay             |
|---|-------|---------|------|---------|----------|---------|--|---------------|---------------|--------------|-----------------|--------------|----------------|-------------|--------------|------------|---------------|----------------|------------------|--------------|----------------------------|----------------|----------------|----------------|----------------|
| Where not completing this for   | orm e | electr  | onic | cally,  | to en    | sure    | accu   | ıracy         | of i          | nfori        | natio           | on, p        | oleas          | se o        | bser         | ve t       | he fo         | ollov          | ving             | con          | ven                        | tions          | ):             |                |                |
| Write clearly within the boxes in<br>BLOCK CAPITALS<br>and in BLACK or BLUE ink           |       | F       | or e | exam    | ple      |         |  |               |               |              |                 |              |                |             | Sh           | ade        | circ<br>I     | les l<br>Vot l | like i<br>like i | this<br>this | -><br>->                   | •<br>×         |                | /              |                |
| Where a text box has a refe<br>the box. Extension sheet(s<br>labelled with the appropriat | ) sho | ould b  | е с  | learly  | labe     | lled    | vith I   | n ex<br>Patie | tend<br>ent's | l you<br>nan | ir res<br>ne ai | spoi<br>nd ( | nse (<br>CHI i | on p<br>num | lain<br>ber, | pap<br>and | er w<br>' ead | here<br>ch ex  | e the<br>xten    | ere i<br>ded | is ins<br>res <sub>l</sub> | suffic<br>pons | cient<br>se sl | t spa<br>nould | ice in<br>d be |
| Patient Status  |       |         |      |         |          |         |  |               |               |              |                 |              |                |             |              |            |               |                |                  |              |                            |                |                |                |                |
| Is the patient subject to c<br>country it is proposed to t                                |       |         |      |         |          | () Y    | 'es  | 0             | No            | C            | ) Do            | on't         | kno            | w           |              |            |               |                |                  |              |                            |                |                |                |                |
| If yes please provide deta  | ails  |         |      |         |          |         |  |               |               |              |                 |              |                |             |              |            |               |                |                  |              |                            |                |                |                |                |
|   |       |         |      |         |          |         |  |               |               |              |                 |              |                |             |              |            |               |                |                  |              |                            |                |                |                |                |
|   |       |         |      |         |          |         |  |               |               |              |                 |              |                |             |              |            |               |                |                  |              |                            |                |                |                |                |
|   |       |         |      |         |          |         |  |               |               |              |                 |              |                |             |              |            |               |                |                  |              |                            |                |                |                |                |
|   |       |         |      |         |          |         |  |               |               |              |                 |              |                |             |              |            |               |                |                  |              |                            |                |                |                |                |
|   |       |         |      |         |          |         |  |               |               |              |                 |              |                |             |              |            |               |                |                  |              |                            |                |                |                |                |
| Patient Details   |       |         |      |         |          |         |  |               |               |              |                 |              |                |             |              |            |               |                |                  |              |                            |                |                |                |                |
| CHI Number  |       |         |      |         |          |         | T  |               |               |              |                 |              |                |             |              |            |               |                |                  |              |                            |                |                |                |                |
| Surname   |       |         |      |         |          |         | +  |               |               |              |                 |              |                |             |              |            |               |                |                  |              |                            |                |                |                |                |
| First Name(s)   |       |         |      |         |          |         | +  |               |               |              |                 |              |                |             |              |            |               |                |                  |              |                            |                |                |                |                |
| Other / Known As  |       |         |      |         |          |         | 1  |               |               |              |                 |              |                |             |              |            |               |                |                  |              |                            |                |                |                |                |
|   | 'Oth  | er / Kn | own  | As' cou | uld inc  | lude a  | ny nan   | ne / a        | <br>lias th   | l<br>nat the | patie           | ent w        | ould p         | orefer      | to be        | knov       | vn as         | i.             |                  |              |                            |                |                |                |                |
| Title   |       |         |      |         |          |         |  |               |               | ] [          | Send            |              |                |             |              |            |               |                |                  |              |                            |                |                |                | [<br>[<br>[    |
| DoB   |       |         | /    |         | $\dashv$ | /       |  |               |               | ] ;<br>] ; , |                 |              | le(            |             |              |            | Pre           | eters          | not              | to sa        | ay 🔾                       | Not            | liste          | d              | [<br>[<br>[    |
| dd / mm / yyyy  |       |         | 1    |         |          | <u></u> |  |               |               | ] [          | t not<br>       | ' IISte<br>  | ed, pi         | ease        | spe          | city<br>   | <u></u>       |                |                  |              |                            |                |                |                | <br> <br>      |
| Patient's home address  |       |         |      |         |          |         |  |               |               |              |                 |              |                |             |              |            |               |                |                  |              |                            |                |                |                |                |
| addioso   |       |         |      |         |          |         |  |               |               |              |                 |              |                |             |              |            |               |                |                  |              |                            |                |                |                |                |
|   |       |         |      |         |          |         |  |               |               |              |                 |              |                |             |              |            |               |                |                  |              |                            |                |                |                |                |
|   |       |         |      |         |          |         |  |               |               |              |                 |              |                |             |              |            |               |                |                  |              |                            |                |                |                |                |
|   |       |         |      |         |          |         | <del>                                     </del> |               | <u> </u>      |              |                 |              |                |             |              |            |               |                |                  |              |                            |                |                |                |                |
| Postcode  |       |         |      |         |          |         |  | <br><< P      | leas          | e en         | ter N           | VF1          | 1AE            | if n        | o fix        | ed a       | aboo          | le.            |                  |              |                            |                |                |                |                |



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| To be completed by the RM |
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### **Diagnosis Of Mental Disorder**

Health Board

Secure e-mail address

**NHS** 

The patient has the following type(s) of mental disorder.

|      |   |            |               |        |        | Pri     | mary ICI | 11 ( | ode    |       |       |                               |          |        |         |      |      |
|------|---|------------|---------------|--------|--------|---------|----------|------|--------|-------|-------|-------------------------------|----------|--------|---------|------|------|
|      | Mental illness  | ○ Yes      | $\bigcirc$ No |        |        |         |          | ].[  |        |       | diagn | e enter posis cod<br>der pres | le for e |        | 1       |      |      |
|      | Personality disorder  | ○ Yes      | ○ No          |        |        |         |          | ]•[  |        |       |       | k here f                      |          | 11 Cod | lina Ta | ool  |      |
|      | Learning disability   | ○ Yes      | ○ No          |        |        |         |          |      |        |       | 0     |                               |          |        | 9       |      |      |
|      |   |            |               |        |        |         |          |      |        |       |       |                               |          |        |         |      |      |
| Ac   | dvance Statement  |            |               |        |        |         |          |      |        |       |       |                               |          |        |         |      |      |
| Cor  | mplete A or B as appropriate  |            |               |        |        |         |          |      |        |       |       |                               |          |        |         |      |      |
| Α    | As far as I am aware section 275 of the Action 275 of the Act |            | ent has m     | nade a | nd no  | ot with | drawn    | an a | dvance | sta   | teme  | ent ma                        | ade u    | ınder  | the     | term | s of |
|      | A copy of the Advance Stat  | tement sho | ould accor    | mpany  | this a | oplicat | ion.     |      |        |       |       |                               |          |        |         |      |      |
| OR   | ł   |            |               |        |        |         |          |      |        |       |       |                               |          |        |         |      |      |
| В    | ○ As far as I am aware  | the patie  |               |        |        |         |          | eme  | nt und | er th | e ter | ms of                         | the      | Act.   |         |      |      |
|      |   |            |               |        |        |         |          |      |        |       |       |                               |          |        |         |      |      |
| RN   | MO Details  |            |               |        |        |         |          |      |        |       |       |                               |          |        |         |      |      |
| Su   | rname   |            |               |        |        |         |          |      |        |       |       |                               |          |        |         |      | 1    |
| Fire | st Name   |            |               |        |        |         |          |      |        |       |       |                               |          |        |         |      |      |
| Titl | e   |            |               |        |        |         |          | MC   | Numb   | er    |       |                               |          |        |         |      |      |
| Но   | spital  |            |               |        |        |         |          |      |        |       | L     |                               |          |        |         |      | ]    |
| Wa   | ard / Clinic  |            |               |        |        |         |          |      |        |       |       |                               |          |        |         |      |      |
|      | lephone No.   |            |               |        |        |         |          |      |        |       |       |                               |          |        |         |      |      |
| Ap   | proved under section 22 of  | the Act b  | y:            |        |        |         |          |      |        |       |       |                               |          |        |         |      |      |



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#### To be completed by the RMO

# **Patient's Treatment Status** Complete A or B as appropriate The patient is subject to the following order / certificate authorising detention: eg short-term certificate (section 44). The authority to detain the patient granted by the above Date order / certificate will cease at midnight at the end of: The patient is liable to be detained in: Hospital Ward/ Clinic/ Unit (If appropriate) Date The patient's detention is currently suspended until Where detention is suspended, the patient is resident at O the address detailed on page 1 the address detailed opposite Phone number (if known) OR В The patient is an informal patient, receiving treatment in Hospital Ward/ Clinic/ Unit (If appropriate)



|                                       |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      | 1 | То           | be o | con   | npl           | ete       | d b       | y tł | ne I | RMO |
|---------------------------------------|-------------|-------------------------|-------|-------|------|------|-------|-----|---|--|---|----------|--------|---|---|--------|------|---|--------------|------|-------|---------------|-----------|-----------|------|------|-----|
| Details of Transfer                   |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               |           |           |      |      |     |
| It is proposed the patient            | be to       | rans                    | feri  | red   | to:  |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               |           |           |      |      |     |
| Hospital                              |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               | $\Box$    |           |      |      |     |
| Address                               |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               | $\dagger$ | T         |      |      |     |
|                                       |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               | Ŧ         | $\mp$     |      |      |     |
|                                       |             | $\overline{}$           |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               | $\dagger$ | Ť         |      |      |     |
|                                       |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               | $\pm$     | $\dagger$ |      |      |     |
| Postcode                              |             |                         |       |       |      |      |       |     |   |  | 1 |          |        |   |   |        | 1    |   |              |      |       |               |           |           |      |      |     |
| Country                               |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               |           |           |      |      |     |
| The RMO (or equivalent)               | at th       | ne re                   | ecei  | iving | g ho | ospi | tal i | s - | • |  |   |          |        | • |   |        |      |   |              |      |       | ·             |           |           |      |      |     |
|                                       |             |                         |       |       |      | Ť    |       | Τ   |   |  |   |          |        |   |   |        |      | Τ |              |      |       |               |           | T         |      |      |     |
| Phone number                          | $\Box$      | $\overline{}$           |       |       |      |      |       | T   |   |  | T |          | Τ      |   | ] |        |      |   |              |      |       |               |           |           |      |      |     |
| Secure e-mail address                 |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               |           |           |      |      |     |
|                                       |             | $\overline{\mathbf{I}}$ |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               | $\Box$    |           |      |      |     |
| The proposed date for th              | —⊢<br>e tra | nsfe                    | er is | ::    |      |      |       |     |   |  |   | <br>Date | -<br>- |   |   | $\top$ | <br> |   | <del> </del> |      | <br>/ | $\frac{1}{1}$ | $\dashv$  |           |      | 1    |     |
| he reason(s) for the transfer is/are: |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               |           |           |      |      |     |
| 1                                     | 5161        | 15/ai                   | · ·   |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               |           | —         |      |      |     |
| •                                     |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               |           |           |      |      |     |
|                                       |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               |           |           |      |      |     |
|                                       |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               |           |           |      |      |     |
|                                       |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               |           |           |      |      |     |
|                                       |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               |           |           |      |      |     |
|                                       |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               |           |           |      |      |     |
|                                       |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               |           |           |      |      |     |
|                                       |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               |           |           |      |      |     |
| Llow will the notions bone            | t:+ t       |                         | ·ha   | +     | o fo | .rO  |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               |           | _         |      |      |     |
| How will the patient bene             |             |                         | .HE   | liai  | 1516 | :1 : |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               |           |           |      |      |     |
| 2                                     |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               |           |           |      |      |     |
|                                       |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               |           |           |      |      |     |
|                                       |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               |           |           |      |      |     |
|                                       |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               |           |           |      |      |     |
|                                       |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               |           |           |      |      |     |
|                                       |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               |           |           |      |      |     |
|                                       |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               |           |           |      |      |     |
|                                       |             |                         |       |       |      |      |       |     |   |  |   |          |        |   |   |        |      |   |              |      |       |               |           |           |      |      |     |



|   | To be completed by the RMO     |
|---|--------------------------------|
| Details of Transfer (cont)  |                                |
| The current arrangements for the provision of treatment, care or services for the patient in  | n Scotland are:                |
| 3   |                                |
| What other options for care and treatment for the patient in Scotland have been explored suitable?  | l, and why are these not       |
| 4   |                                |
| What are the proposed arrangements for the provision of treatment, care or services for proposed that they should go after being transferred from Scotland? | the patient in the place it is |
| 5   |                                |
|   |                                |

A copy of the current risk assessment must be attached to this form



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|          | To be completed by the RMO   |
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| Deta     | nils of Transfer (cont)  |
| What     | compulsory order/measures will the patient be subject to after transfer?                         |
| 6        |  |
| If it is | proposed to transfer the patient out of their home area, what are the pathways for their return? |
| 7        |  |
| Wha      | t current contact does the patient have with their family?                                       |
| 8        |  |



|  | To be completed by the RMO  |
|--|---|
| Details of Transfer (cont)   |   |
| What would be the impact of the patient's transfer on these maintained? (Please provide details of any specific steps to | e family relationships, and how would contact be o be taken, support provided or resources allocated for this). |
| 9  |   |
| Does the transfer need to be undertaken as a matter of cli   | nical urgency? If so, please provide reasons.   |
| 10   |   |
| Patient Consent  Is the patient capable of consenting to the transfer?   | ○ Yes ○ No  |
| If the patient is capable of consenting, do they consent to the transfer?  | <ul><li>Yes - please attach a copy of the consent form</li><li>No - please provide reasons why below:</li></ul> |
| 11   |   |



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| To be completed by the   | he RMO |
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| Details of Transfer (cont)   |        |
| Please state why the proposed transfer is the least restrictive option in the circumstances  |        |
|  |        |
| Are there any criminal charges or court proceedings outstanding $\bigcirc$ Yes $\bigcirc$ No against the patient                           |        |
| If yes, please give details including dates of any scheduled court appearances (NB this may not necessarily prever cross border transfer). | nt     |
|  |        |
| Please provide any additional information you believe to be relevant to the proposed transfer.   |        |
|  |        |



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| To be completed by the RMC   |                           |                            |              |                           |                                |                                    |         |                        |                   |       |             | МО     |           |          |      |      |        |      |       |       |      |     |     |      |          |     |   |           |
|--|---------------------------|----------------------------|--------------|---------------------------|--------------------------------|------------------------------------|---------|------------------------|-------------------|-------|-------------|--------|-----------|----------|------|------|--------|------|-------|-------|------|-----|-----|------|----------|-----|---|-----------|
| Consultation - MHO   |                           |                            |              |                           |                                |                                    |         |                        |                   |       |             |        |           |          |      |      |        |      |       |       |      |     |     |      |          |     |   |           |
| Surname  |                           |                            |              |                           |                                |                                    |         |                        |                   |       |             |        |           |          |      |      |        |      |       |       |      |     |     |      | $\prod$  |     |   |           |
| First Name   |                           |                            | $\top$       |                           |                                |                                    |         |                        |                   |       |             |        |           |          |      |      |        |      |       | Ť     | Ť    | Ì   |     |      | T        | T   | Ī |           |
| Title  |                           |                            |              |                           |                                |                                    |         |                        |                   |       |             |        |           |          |      |      |        |      |       |       |      |     |     |      | -        |     |   |           |
| Address  |                           |                            |              |                           |                                |                                    |         |                        |                   |       |             |        |           |          |      |      |        |      |       |       |      |     |     |      | T        | Τ   |   |           |
|  |                           |                            | T            |                           |                                |                                    |         |                        |                   |       |             |        |           |          |      |      |        |      |       |       |      |     |     |      | Т        | t   |   |           |
|  |                           |                            |              |                           |                                |                                    |         |                        |                   |       |             |        |           |          |      |      |        |      |       |       |      |     |     |      | $\vdash$ | t   |   |           |
| Postcode   |                           |                            |              |                           |                                |                                    |         |                        |                   | Tel   | eph         | one    |           |          |      |      |        |      |       |       |      |     |     |      |          | İ   |   |           |
| Local Authority  |                           |                            |              |                           |                                |                                    |         |                        |                   |       |             |        |           |          |      |      | Τ      |      | Τ     |       |      |     |     |      |          | T   |   |           |
| Secure e-mail address  | eg G                      | lasgo                      | ow Cit       | y, Cit                    | y of E                         | dinbu                              | irgh,   | Highl                  | land,             | Scott | ish B       | orders | s, etc    | (the v   | word | "Cou | ncil"  | may  | oe or | nitte | d)   |     | •   |      |          |     |   |           |
|  |                           |                            |              |                           |                                |                                    |         |                        |                   |       |             |        |           |          |      |      |        |      |       |       |      |     |     |      |          |     |   |           |
| Before making this sectic outside of Scotland, I gave to make the application.  I confirm that the MHO  Complete A or B as approved A The MHO has into OR  B The MHO has into 15 | e no<br>The<br>car<br>car | otice<br>da<br>ried<br>ate | e to<br>te I | the<br>gav<br>the<br>that | pati<br>e no<br>ir du<br>s s/h | ient<br>otice<br>uties<br><br>e as | s Me wa | IHO<br>as:<br>nder<br> | of<br>the<br>vith | reg   | gula<br>sec | tions  | s.<br>290 | <br>) ap | plic | atio | on<br> |      |       |       |      |     |     | reas | son      | is: |   | ,         |
| Contact Details  |                           |                            |              |                           |                                |                                    |         |                        |                   |       |             |        |           |          |      |      |        |      |       |       |      |     |     |      |          |     |   |           |
| Please provide the full na   | ame                       | , ad                       | dre          | ss a                      | ınd p                          | pho                                | ne r    | านm                    | nber              | for   | the         | pat    | ienť      | s:       |      |      |        |      |       |       |      |     |     |      |          |     |   |           |
| named person (if any)  |                           |                            |              |                           |                                |                                    |         |                        |                   |       | ٧           | velfa  | are (     | guai     | rdia | n (s | see    | note | e or  | n fo  | llov | win | g p | age  | ÷*)      |     |   |           |
|  |                           |                            |              |                           |                                |                                    |         |                        |                   |       |             |        |           |          |      |      |        |      |       |       |      |     |     |      |          |     |   |           |
| Phone number   |                           |                            |              |                           |                                |                                    |         |                        |                   |       | F           | Phor   | ne n      | uml      | oer  |      |        |      |       |       |      |     |     |      |          |     |   | $\exists$ |



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## **Contact Details (cont)**

| Please provide the full name, address and phone numb  | per for the patient's:   |
|---|--|
| welfare attorney (see note *)   | nearest relative (if the patient does not have a named person, and if known)   |
| Phone number  | Phone number   |
| Thore number  | Phone number   |
| primary carer (if the patient does not have a named person, or where they are an informal patient and it is proposed to transfer them outwith the UK)                                       | * Note  "Welfare guardian" means a person appointed as a guardian under the Adults with Incapacity (Scotland) Act 2000 (asp 4) who has power by virtue of section 64(1)(a) or (b) of that Act in relation to the personal welfare of a person.  "Welfare attorney" means an individual authorised, by a welfare power of attorney granted under section 16 of the Adults with Incapacity (Scotland) Act 2000 (asp4) and registered under section 19 of that Act, to act as such. |
| Phone number  |  |
| Thore number  |  |
| Notifications   |  |
| day on which the notice was given.  The written notice(s) must invite the recipient to inform the Scottish Minis preferences that person has in relation to the proposal to remove the pati | ortunity to make representations to them on the proposed removal within 7 days of the sters, within 7 days of the day on which the notice was given, of any wishes or ient from Scotland.  apsed, unless the person(s) notified have made any representations to the RMO or  |
| Notification to Patient   |  |
| I can confirm that I have notified the patient in writing   | g of the proposed transfer.  |
| wish or preference that they would like Scottish Mini   | s above, this must inform them that, if they have a particular sters to take into consideration, they must inform the notification was received, and they may do this directly to  |
| Has the patient made a representation to you? O Yes   | ○ No   |
| If yes, please provide details of this and how you have ta  | aken into account the patient's expressed views.   |
| 16  |  |



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|            | To be completed by the  | he RMO |
|------------|---|--------|
| Notificati | ns (cont)   |        |
| Notificat  | n to Others   |        |
|            | at I have notified the following person(s) in writing of the proposed transfer and of their right to make ons on this to me or to the Scottish Ministers.   |        |
| The patier | s O named person (if any);  |        |
|            | O welfare guardian  |        |
|            | ○ welfare attorney  |        |
|            | <ul> <li>primary carer (if the patient does not have a named person)</li> </ul>   |        |
|            | <ul> <li>nearest relative (if the patient does not have a named person, and if known)</li> </ul>  |        |
|            | es, as indicated, were ne proposed transfer by:   |        |
|            | <ul> <li>I have attached copies of each of these notification letters to this form</li> </ul>   |        |
|            | these persons made representation(s) to O Yes O No proposed transfer?   |        |
|            | e state who made the representation(s) and provide details of these. Please explain how you have into account:  |        |
|            |   |        |
| Applicat   | on for fast-track removal with consent (complete only if applicable)  |        |
| The RMO m  | request that the warrant authorise the patient's removal from Scotland before the end of the standstill period if particular conditions   |        |
| ,          | slow). The patient must give their written consent to being removed.  |        |
|            | n for fast-track removal can only be made where the place to which it is proposed the patient will go after being removed from Scotland; Wales; Northern Ireland; any of the Channel Islands; or the Isle of Man. |        |
|            | must confirm each of the following, by shading the circles, and attach the required ation to this form.   |        |
|            | the RMO, informed the Mental Welfare Commission of my intention to make this request that ne warrant authorise the patient's removal from Scotland before the end of the standstill period.                       |        |
|            | informed the Commission of this on Date / / / /   |        |
|            | he patient has given written consent to being removed before the end of the standstill period. A opy of that written consent is attached.   |        |
|            | n approved medical practitioner, who is not the patient's RMO, has certified that the patient is apable of giving that consent. A copy of that certificate is attached.   |        |
|            | he patient's named person (if the patient has one) has given written consent to the patient being emoved before the end of the standstill period. A copy of that written consent is attached.                     |        |



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#### **Declaration / Signature**

I confirm that:

I have discussed the proposed transfer with the receiving hospital to ensure they are prepared to accept the patient.

I have attached the following documents

- a copy of the latest risk assessment
- a copy of all notification letters sent (to patient and others)
- a copy of a letter from the receiving hospital confirming their agreement to the proposed transfer
- a copy of the patient's advance statement (if applicable)

Where the patient is an informal patient who is to be transferred outwith the United Kingdom, I have informed the relevant local authority of this to enable an MHO to be designated responsible for the patient's case.

Where the proposed transfer relates to a restricted patient, I have consulted an official in the Restricted Patients Team of the Scottish Government

| Signed              |  | For restricted <i>and</i> non- restricted patient's please return this form to -                 |
|---------------------|--|--|
| by the RMO          |  | Restricted Patients Team<br>Area 3ER<br>St Andrew's House<br>Regent Road<br>EDINBURGH<br>EH1 3DG |
| Date dd / mm / yyyy |  |  |

**Note** following the issue of a warrant by Scottish Ministers approving the transfer of a patient out of Scotland, the appropriate termination notification (REV form) will need to be completed at the time the patient is transferred



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