Form GU 5

Regulation 9(3)

Mental Health Act 1983 section 7 - record of acceptance of guardianship application

(To be attached to the guardianship application)

(full name and address of patient)

*(*delete the phrase that does not apply)*

This application was accepted by/on behalf* of the local social services authority

(date)

on

Signed:

on behalf of the responsible social services authority

Name:

Date:

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