

Form TC 2

Regulation 23(4) and (5)

Mental Health Act 1983 section 19 - authority for transfer from hospital to guardianship

PART I

(To be completed on behalf of the managers of the hospital where the patient is liable to be detained)

Authority is given for the transfer of

(full name of patient)

who is at present liable to be detained in

*(name and address
of hospital)*

to the guardianship of

*(name and address
of proposed
guardian)*

in accordance with the Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008.

This transfer was agreed by

*(name of local social
service authority)*

(date)

on

(date)

This transfer is to take place on

Signed:

on behalf of the hospital managers

Name:

Date:

Please turn over

PART 2

(To be completed by the proposed guardian, if not the responsible local social services authority)

I am willing to act as the guardian of the above named in accordance with Part 2 of the Mental Health Act 1983.

I confirm that my full name and address is as entered in Part 1 of this form.

Signed:

Date:

PART 3

(This is not part of the authority for transfer but is to be completed by the responsible local social services authority)

*(name of guardian
or local social
services authority)*

This patient was transferred into the guardianship of

(date)

on in pursuance of this authority for transfer.

Signed:

on behalf of the local social services authority

Name:

Date: