

# Form TC 4

## Regulation 24(4) and (5)

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

#### PART I

*(To be completed on behalf of the local social services authority)*

Authority is given for the transfer of

*(full name and  
address of patient)*


who is at present under the guardianship of

*(name and address  
of guardian)*


to

*(name and address  
of hospital)*


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

**Signed:**

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on behalf of

local social services authority

**Name:**

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**Date:**

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**Please turn over**

**PART 2**

*(This is not part of the authority for transfer but is to be completed at the hospital to which the patient is transferred)*

**This patient was admitted to the above named hospital in pursuance of this authority**

*(date of admission)*

**for transfer on**

**Signed:**

on behalf of

managers of the receiving hospital

**Name:**

**Date:**