Form GU 2

Regulation 9(1)(a)(ii) and (b)

Mental Health Act 1983 section 7 - guardianship application by an approved mental health professional

PART 1

(To be completed by the approved mental health professional)

To the

(name of local social services authority)

(full name) I

(full office address) of

apply for the reception of

(full name of patient)

(full address of patient) of

into the guardianship of

(full name and address of proposed guardian)

in accordance with Part 2 of the Mental Health Act 1983 as a person suffering from mental disorder.

Please turn over

I am acting on behalf of

(name of local social services authority)

(delete as appropriate)

and am approved to act as an approved mental health professional for the purposes of the Act by that authority/

(name of local social services authority that approved you, if different)

The following section should be completed where consultation with the nearest relative has taken place

Complete (a) or (b) as applicable and delete the other

(a) I have consulted

(full name and address)

who to the best of my knowledge and belief is the patient's nearest relative within the meaning of the Act

OR

(b) I have consulted

(full name and address)

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

who I understand has been authorised by a county court/the patient's nearest relative* to exercise the functions under the Act of the patient's nearest relative.

That person has not notified me or the local social services authority on whose behalf I am acting that he or she objects to this application being made.

The following section should be completed where no consultation with the nearest relative has taken place

Delete whichever two of (a), (b) or (c) do not apply

(a) I have been unable to ascertain who is this patient's nearest relative within the meaning of the Act.

OR

(b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Act.

OR

(c)

(full name and address)

(delete the phrase which does not apply)

is (i) this patient's nearest relative within the meaning of the Act

(ii) authorised to exercise the functions of this patient's nearest relative under the Act

(delete as appropriate)

but in my opinion it is not reasonably practicable/would involve unreasonable delay to consult that person before making this application, because

(give reasons)

The remainder of Part 1 of this form must be completed in all cases

(date) I last saw the patient on _____ which was within the period of 14 days ending on the day this application is signed.

Delete (i) or (ii) as applicable, and where (i) applies insert the date

(date) (i) The patient's date of birth is _____

OR

(ii) I believe the patient is aged 16 years or over.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance of the patient

(insert reasons)

Signed:

Date:

PART 2

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

I am willing to act as the guardian of the above named patient 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: