

Form GU 1

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

Mental Health Act 1983 section 7 - guardianship application by nearest relative

PART 1

(To be completed by the nearest relative)

(name of local social services authority)

To the

(your full name)

I

(your full address)

of

apply for the reception of

(full name of patient)

(full address of patient)

of

into the guardianship of

(name and address of proposed guardian)

in accordance with Part 2 of the Mental Health Act 1983.

Please turn over

Form GU I (Cont'd)

Delete (a) or (b) and complete as applicable

- (a) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Act. I am the patient's

(state relationship)

(delete the phrase which does not apply)

- (b) I have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court/the patient's nearest relative, and a copy of the authority is attached to this application.

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.

(date)

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

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 with the patient.

(insert reasons)

Signed:

Date:

Please turn over

Form GU I (Cont'd)

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 I of this form.

Signed:

Date: