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| **Adult Mental Health****Deborah Wright** Head of Mental Health |  |

Delegation of Authority to Convey a Patient to a Hospital under the Mental Health Act 1983 as amended by the Mental Health Act 2007

Name of Patient: …………………………………………………………………

Address of Patient: …………………………………………………………………

Your Name: …………………………………………………………………

Have made an application for the admission of the above patient to:

…………………………………………………………………………………………………

…………………………………………………………………………………………………

(Name of hospital or registered nursing home) on the requisite form, supported by the appropriate medical recommendations.

I am an \*Approved Mental Health Professional/the Nearest Relative (\*delete appropriate) within the meaning of the Act.

I delegate my authority to convey the patient to the above hospital to:

Name: ……………………………………………………………………………………...

You may use reasonable restraint to achieve the objective of conveying the person to the hospital, but you should use the least restrictive possible whilst ensuring the patient’s and other persons safety.

Signed: …………………………………………………………………… (Your signature)

Of ……………………………………………………………………… (Address on forms)

…………………………………………………………………………………………………

Contact mobile telephone details if you need to speak with me/the duty manager about this delegation arrangement.

…………………………………………………………………………………………………

Date authority issued: …………………………………………………………………

Date authority expires: …………………………………………………………………