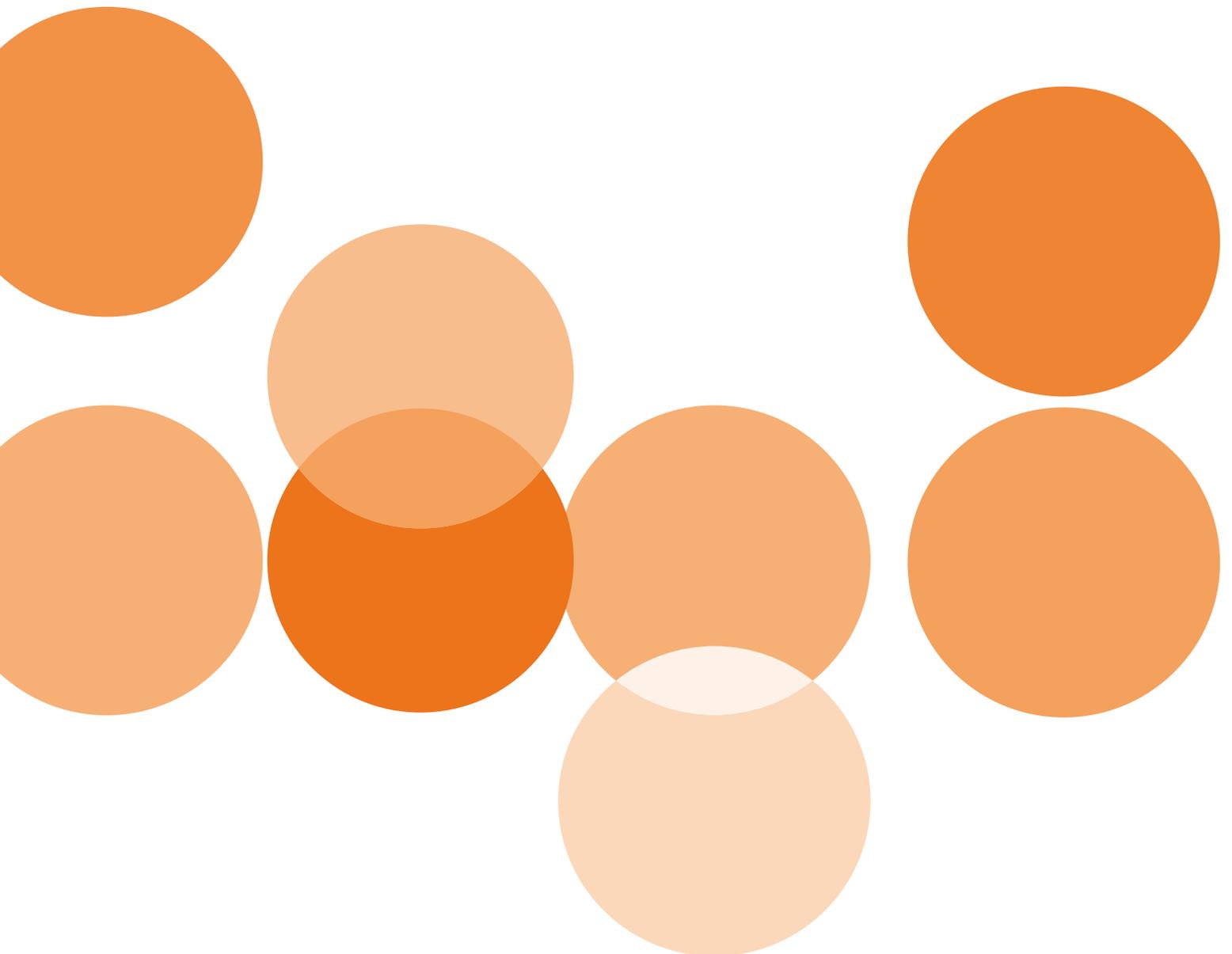


Transition of Authority ATF(7)

Notes to complete
Application Form



Other application forms available in this series:



- Organisations - Fitness to Access Funds 
- ATF(1) – Request Account information 
- ATF(2) - Access to Funds 
- ATF(3) - Additional Joint Withdrawers 
- ATF(4) - Reserve Withdrawer 
- ATF(5) - Variation of Transactions 
- ATF(6) - Renewal of Authority 

Notes to complete this Form



This form should only be used where there is a financial guardian in terms of Part 6 of the Adults with Incapacity (Scotland) Act 2000 and you wish to apply for recall of that guardianship in favour of an application for access to funds where:

- (a) the guardian proposes to become the withdrawer, or
- (b) someone other than the guardian proposes to become the withdrawer

If you require assistance to complete this form please contact the Office of the Public Guardian (OPG) where staff will be happy to help. Applicants should refer to the code of practice for access to funds when considering making use of this scheme.

Provided the Public Guardian is satisfied that the adult's property and financial affairs can be safeguarded or promoted other than by guardianship, an application for access to funds may be granted once the guardianship is recalled. The former financial guardian or any other person may apply to be the withdrawer.

Where personal details of interested parties have changed this should be shown in sections 2.5 to 2.9 of the application form.

Section 1 relates to the recall of the powers of the financial guardian and requests details of the existing authority and details of any disagreement identified after consultation with appropriate interested parties to the guardianship. The financial guardian must sign and date this section.

Section 2 requests details of the proposed withdrawer and details of any identified joint/reserve withdrawers. In section 2.1 – Details of the proposed withdrawer: individual(s) should complete the part marked (Individuals Only) while organisations should complete the part marked (Organisations Only).

Since an application for guardianship has been previously granted relating to the same adult there is no requirement to duplicate details of the adult or other interested parties, for example, nearest relative, primary carer etc. However, where personal details of such persons have changed this should be shown in sections 2.4 to 2.9 of the application form.

If the guardianship has been in existence for some time the applicant should provide full details to ensure that the Public Guardian's records accurately reflect the position.

Section 3 requests financial information. The applicant must identify the account which is to be used as the current account in section 3.1 and confirm any direct debits/standing orders which are to remain on this account in section 3.2. Failure to do the latter will result in existing direct debits/standing orders on that account being stopped once the certificate is lodged with the bank/building society. A second account, if in existence, should be identified in section 3.3.

In section 3.4 the applicant must identify the anticipated ongoing monthly expenditure required to meet the adult's financial needs and complete the section appropriately. Banks/Building Societies etc normally deal with financial matters in monthly periods consequently this is the period considered as best suited in this application form. Care costs are sometimes calculated in four weekly periods so some adjustment would be required. If, however, this does not suit the adult's particular needs you may wish to discuss this with staff at this office.

Identifying on-going expenditure is a reasonably straightforward process similar to that probably used in your own household budgeting. The aim is to ensure that the day to day and on-going living expenses can be paid from the income/funds held in the account and/or savings.

This section of the form is designed in a way that it covers most of the normal monthly costs such as utility bills, mortgage or rent, council tax etc. There is also a part for any other expenditure under the heading "other - please specify". It is not always possible to have a distinct heading for every eventuality and where an expected expenditure does not fit into the categories shown it should be identified as other and needs to be specified, eg personal spending money. Use the examples provided below as a guide to completion of this part of the form.

Remember to build in a figure in your calculations to cover inflation as shown in the examples opposite.

Example 1: If the adult pays rent, currently payable at £100 monthly and calculated at £1,200 in year one (£100 x 12 months), you may wish to allow £1,360 to cover potential increase in year two and possibly £1,580 for year three. This would total £4,140 over the period of three years. Therefore you may wish to request £115 per month (£4,140 divided by 36 months) for rent in your application form. You should apply the same logic in terms of each heading.

Example 2: If the adult is in a care home and costs are currently payable at £250 weekly that would work out at £13,000 in year one (£250 x 52 weeks). If you estimate that costs might go up by approximately 10%, in year two you might expect the annual cost to be £14,300 and in year three this figure might be £15,730. So over the three year period you may require £43,030. This could be rounded up to £43,200 to cover the full three years, which divided by 36 (months) would be £1,200 monthly.

As indicated above the amounts requested do not need to be exact but it is important to ensure that there will be sufficient money in the designated account to make sure the adult is provided for by using his or her funds. Over estimating, within reason, will not be seen as detrimental to the adult. The Public Guardian may request to see some form of evidence of anticipated expenditure, for example, utility bills, care home invoices etc as part of the application process.

The Public Guardian may apply a degree of flexibility in that anything which is seen to be reasonable and appropriate does not necessarily have to be supported by invoice or other form of evidence. However, the Public Guardian reserves the right to request further information or evidence when considering an application.

The access to funds process also allows a one off lump sum to be requested. This should be identified at section 3.5 if required. This is generally used where there has been a build up of costs due to the account not being accessible and debts building up which require to be paid. The example shown over demonstrates how this can be done.

Example: An adult may have been in a home for a period of four months before the application is considered. If the care home costs were £2,000 per month this would build up a debt due of some £8,000 (£2,000 x 4 months). It normally takes four weeks to fully process an application to access funds therefore you should also request a further £2,000 to cover the debt which will continue to accrue until the certificate of authority is issued allowing you to pay off this debt. Therefore the lump sum request in this example should be £10,000.

The cost of the application and any costs associated with obtaining the medical certificates may be identified as part of the lump sum and can then be reimbursed through the designated account once the lump sum is paid therein.

A lump sum request might look as follows:

Outstanding care costs	£10,000
Underpayment of council tax	£ 250
Medical certificate from Doctor	£ 100
OPG registration fee	£ 60
Total Lump Sum request	£10,410

Generally where a lump sum is requested the Public Guardian will expect to see evidence of its purpose in the form of an invoice or similar. In the example shown above the Public Guardian would expect to see an invoice relative to the outstanding care costs; council tax and the doctor's fee note.

The period of authority is normally set at three years but may be extended or reduced dependent on the needs of the adult and the level of funds available. If the period is to be other than three years the reason for such should be clearly identified in section 3.7 of the application form.

When a new certificate of authority is granted it will only provide authority to carry out the transactions requested in this application form. If there is any other action required which was not dealt with during the original period of authority it requires to be highlighted in section 3.8 of the application form.

Section 4 identifies that a copy of the application will be sent to the adult and other persons named in the original and/or in the application.

Because the adult cannot read or understand the content of a document does not constitute or pose a serious risk to health.

Where the applicant considers that a copy of the application should not be sent to the adult as it would pose a serious risk to the adult's health, the applicant should tick the box. Medical Certificate SSI No 79 requires to be completed where the applicant considers that a copy of the application should not be sent to the adult. The section Medical Certificates in the code of practice for access to funds provides further information.

Section 5 contains an undertaking and declaration which all withdrawers require to sign and date. Where the proposed withdrawer is not the previous guardian section 6 requires to be completed.

Section 6 of this form only requires to be completed by a countersignatory, where it is proposed to appoint a new joint withdrawer or reserve withdrawer not previously identified. In all other instances this section should not be completed. The countersignatory must meet the criteria as set out in the application form. This section does not apply where the application is made by an organisation.

The Public Guardian needs to confirm that the condition of the adult still meets the criteria as set in Section 1(6) of the Act. The medical certificate SSI No 76 enclosed at the rear of this form must now be completed by a medical practitioner and accompany your application. This should be done before signing or having the application form countersigned. The application form must be lodged with the Public Guardian within 14 days of the date of the countersignatory signing the application form where required, or within 14 days of the applicant signing the form. The section Medical Certificates in the guidance notes for access to funds provides further information.

Use the checklist located near the end of the application form to ensure you have completed all the information requested and thereafter send your application to the Public Guardian.

A fee is payable for this application and cheques should be made payable to the "Scottish Court Service". Details of current fees can be obtained from the OPG or from our website.

Office of the Public Guardian (Scotland)
Hadrian House
Callendar Business Park
Callendar Road
FALKIRK, FK1 1XR

DX: 550360 Falkirk 3
LP: LP-17 Falkirk

- Telephone: 01324 678300
- Fax: 01324 678301
- Email: opg@scotcourts.gov.uk
- Website: www.publicguardian-scotland.gov.uk

The office of the Public Guardian (OPG) is open to the public from 9am to 5pm, Monday to Friday.

This leaflet is available free of charge in Braille, audiotape large print format, and various non-English languages by phoning the above telephone number. The OPG subscribes to Language Line and the RNID Typetalk service.



Transition of Authority ATF(7) Application Form

Section 1 – Recall of Powers of Financial Guardian

Section 1.1 – Details of Existing Authority

PUBLIC GUARDIAN'S REF:	<input type="text" value="PG/"/>
NAME OF ADULT:	<input type="text"/>
NAME OF GUARDIAN:	<input type="text"/>

Section 1.2 – Reason for Application to Recall Powers

I hereby apply for the financial powers in the guardianship order to be recalled because another less intrusive measure other than guardianship, namely access to funds scheme, could satisfactorily safeguard the interests of the adult.

Section 1.3 – Consultation with Others

In making this decision I have consulted the adult; primary carer; nearest relative and all other persons that the sheriff has said must be consulted. They agree/disagree (delete as appropriate) to the proposed action. Where there is a disagreement please specify the reason and by whom below:

SIGNATURE OF GUARDIAN FOR RECALL:	<input type="text"/>
PRINT NAME:	<input type="text"/>
DATE:	<input type="text"/>

Section 2 – Personal Information

Is it intended that the current guardian be the withdrawer?

If Yes, go to section 2.2 If No, complete section 2.1

Section 2.1 - Details of the Proposed Withdrawer (Individuals Only)

Where more than one withdrawer is proposed, details should be identified in section 2.2 as joint withdrawers.

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

Please identify relationship to the adult: (If family member please state exact relationship)

Please answer the following questions deleting YES or NO as appropriate and follow the instructions given.
Is the proposed withdrawer the:

Nearest Relative		If No complete Section 2.5
Primary Carer		If No complete Section 2.6
Named Person		If No complete Section 2.7
Attorney/Guardian		If No complete Section 2.8

Section 2.1 - Details of the Proposed Withdrawer (Organisations Only)

Organisation:	
Department:	
Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Organisation List Number:	

Nominated Contact for Organisation

Surname:	
Forename:	
Middle Name:	
Contact Person's Designation:	
Tel No:	
E-Mail Address:	

Section 2.2 - Details of Joint Withdrawer(s)

Is it intended that there be joint withdrawer(s)?

If Yes, complete below If No, go to section 2.3

Use separate page if necessary.

	Joint Withdrawer (1)	Joint Withdrawer (2)
Title:		
Surname:		
Forename:		
Middle Name:		
House Name:		
House Number:		
Street:		
Locality:		
City:		
County:		
Country:		
Post Code:		
Tel No:		
E-Mail Address:		

Please identify relationship to the adult: (If family member please state exact relationship)

Please answer the following questions deleting YES or NO as appropriate and follow the instructions given.
Is the proposed withdrawer the:

	No 1	No 2	
Nearest Relative			If No complete Section 2.5
Primary Carer			If No complete Section 2.6
Named Person			If No complete Section 2.7
Attorney/Guardian			If No complete Section 2.8

Section 2.3 - Details of the Reserve Withdrawer (If known at this time)

Is it intended that a reserve withdrawer be identified at this time? A reserve withdrawer can be applied for at a later time if required using form ATF(4).

If Yes, complete below If No, go to section 2.4

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

Please identify relationship to the adult: (If family member please state exact relationship)

Section 2.4 – Details of the Adult

In the guardianship order made by the court the adult's details were provided. There is no requirement to provide this information again, however, if for any reason, their details have changed for example, change address, and the Public Guardian has not been notified please advise changes below:

--

Section 2.5 - Details of the Nearest Relative

The nearest relative of the adult may be a spouse, brother, sister, son or daughter of the adult or some other more distant relative. If the applicant is the nearest relative there is no need to complete this section. In certain circumstances any person claiming an interest on behalf of an adult with incapacity may ask a sheriff to make an order which will stop certain information being given to the nearest relative. In making such an order, the sheriff will have named another person to act as the nearest relative. This will only be for the purpose of any application made in terms of this Act. This person may be another relative for example, a nephew or niece or somebody else such as a friend or neighbour.

In the guardianship order made by the court the nearest relative's details may have been provided. You are not required to complete this section unless the details of the nearest relative have changed.

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

If there has been a Court Order naming the above as the nearest relative to the adult please tick this box

Please answer the following questions deleting YES or NO as appropriate and follow the instructions given.

Is the nearest relative the:

Primary Carer		If No complete Section 2.6
Named Person		If No complete Section 2.7
Attorney/Guardian		If No complete Section 2.8

Section 2.6 – Details of the Primary Carer

The primary carer is the person who has day to day responsibility to look after the needs of the adult.

If the adult is in hospital or a care home etc you should identify the primary carer as being the manager or officer in charge of the ward, care home or other establishment.

In the guardianship order made by the court the primary carer's details may have been provided. You are not required to complete this section unless the details of the primary carer have changed.

Title:	
Surname:	
Forename:	
Middle Name:	
Name of Organisation: (if applicable)	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

Please identify relationship to the adult: (If family member please state exact relationship)

Please answer the following questions deleting YES or NO as appropriate and follow the instructions given.
Is the primary carer the:

Named Person		If No complete Section 2.7
Attorney/Guardian		If No complete Section 2.8

Section 2.7 – Details of the Named Person

A named person is someone who, in terms of the Mental Health (Care and Treatment)(Scotland) Act 2003, has powers and rights to represent and safeguard the adult’s interests.

In the guardianship order made by the court the named person’s details may have been provided. You are not required to complete this section unless the details of the named person have changed.

Does the adult have a named person?

If Yes, complete below If No or not known, go to section 2.8

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

Please identify relationship to the adult: (If family member please state exact relationship)

Please answer the following question deleting YES or NO as appropriate and follow the instructions given.
Is the named person the:

Attorney/Guardian		If No complete Section 2.8
-------------------	--	----------------------------

Section 2.8 – Details of any Attorney or Guardian

A continuing attorney includes a reference to a person granted, under a contract, grant or appointment governed by the law of any country, powers (however expressed) relating to the granter's property or financial affairs and having continuing effect notwithstanding the granter's incapacity.

A welfare attorney includes a reference to a person granted, under a contract, grant or appointment governed by the law of any country, powers (however expressed) relating to the granter's personal welfare and having effect during the granter's incapacity.

Guardian includes a reference to a guardian (however called) appointed under the law of any country to, or entitled under the law of any country to act for, an adult during his incapacity, if the guardianship is recognised by the law of Scotland.

In the guardianship order made by the court the attorney or guardian's details may have been provided. You are not required to complete this section unless the details of the attorney or guardian have changed.

Does the adult have an attorney or guardian?

If Yes, complete below If No or not known, go to section 2.9

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

Section 2.9 – Details of any other Interested Parties

Any other interested party is any other person who has not already been identified in the application and who has an interest in the adult’s affairs. This may be other relatives or partners.

In the guardianship order made by the court the details of any interested parties may have been provided. You are not required to complete this section unless such details have changed.

Use separate page if necessary.

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

Now go to Section 3

Section 3 - Financial Information

Section 3.1 - Details of Adult's Existing Account

Please provide full details about the adult's existing account which you wish to access. This account will be referred to as the adult's current account.

Name of Bank/Building Society:	
Branch Name:	
Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Sort Code:	
Name of Account Holder:	
Account Number:	

Section 3.2 - Details of any Direct Debits/Standing Orders in the above account which you wish to continue or to set up

Detail existing standing orders/direct debits set up on this account which you wish to continue or identify those which you wish to set up on this account. Please note that any existing standing orders/direct debits on this account not identified here will cease to be paid when you commence to access the adult's funds.

Name of Company to whom payment is to be made for example, Scottish Power etc.	Amount payable monthly £
Continue:	
Set Up:	

Section 3.3 – Second Account

In addition to the adult's current account it is possible to identify an existing account in the adult's sole name which will be known and operated as the adult's second account. It may be that some funds would benefit from being placed into this second account.

If the adult already has a bank account in his/her sole name which you would wish to operate as a second account provide details below:

Name of Bank/Building Society:	
Branch Name:	
Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Sort Code:	
Name of Account Holder:	
Account Number:	

Section 3.4 – Use of Funds

This section should be completed giving full details of all funds required.

Before completing this section it is important to refer to the accompanying notes to complete this application form. This will tell you how to calculate the anticipated expenditure and what supporting evidence may be required.

Reason for Expenditure	Monthly Amount £
Gas	
Electricity	
Telephone (inclusive of mobile phones and special telephone services)	
Mortgage	
Rent	
Insurances (building, contents, motor, personal, pets etc)	
Council Tax	
TV Licence	
Care Charges	
Loan Repayments	
Club or other subscriptions	
Food and household expenses	
Clothing	
Holidays/Outings	
Transport costs	
Other (Please specify)	

TOTAL MONTHLY AMOUNT £

Section 3.5 - One off Lump Sum

The access to funds process not only allows for regular ongoing expenses to be taken but also allows for a one off lump sum to be requested. This is generally used where there has been a build up of costs due to the adult's funds not being accessible and debts building up which require to be paid. Before completing this section it is important to refer to the accompanying notes to complete this application form. This will tell you what supporting evidence is required.

Do you require a lump sum?

If Yes, complete below If No, go to section 3.7

Reason for Expenditure	Amount £
One off payments/lump sums (Please specify)	

TOTAL LUMP SUM £

Section 3.6 – Account from which Lump Sum will be Transferred

If the lump sum requested is to be transferred from the adult's current account please leave this section blank, otherwise identify the account from which the lump sum is to be transferred.

Name of Bank/Building Society:	
Branch Name:	
Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Sort Code:	
Name of Account Holder:	
Account Number:	

Section 3.7 – Period of Authority Requested

A certificate of authority is normally valid for a period of three years. If you wish the certificate to be valid for a period other than that you must state the period you require and the reason below:

Section 3.8 - Any other Action Proposed

If you propose to carry out any other additional financial transactions please provide details below:

Section 4 – Intimation of Application

Section 4.1 - Intimation Process

A copy of this application will be sent to the adult and other persons identified in the original application and/or this application. If you consider that a copy of the application should not be sent to the adult as it would pose a serious risk to the adult's health please tick the box.

Simply to indicate that the adult would not understand the application or would be upset by it is not sufficient grounds for non intimation.

If you have ticked the above box the Public Guardian will require you to lodge with this application a medical certificate (in the form of SSI No 79) completed by two medical practitioners. A copy of form SSI No 79 is enclosed.

Section 5 – Undertaking and Declaration

Section 5.1 - Undertaking

I understand that it is my responsibility to keep records of the exercise of my powers as withdrawer and notify the Office of the Public Guardian directly and immediately of any change of circumstances involving any party identified in this application for example, change of address or death of the adult etc.

I undertake to:

- a) open a designated account solely for the purpose of receiving funds transferred under the authority of any certificate granted to me and intromitting with those funds; and
- b) operate any accounts in the sole name of the adult as directed by my certificate of authority.

Section 5.2 – Declaration

I declare that all information contained in this application is true and correct to the best of my knowledge and I understand that false or misleading information may lead to the rejection of this application or the termination of any authority already granted.

I confirm that the Office of the Public Guardian is authorised to contact appropriate bodies as it sees fit in order to seek such information as they consider reasonable in pursuance of this application.

Section 5.3 – Data Protection/Use of Information

The Office of the Public Guardian will retain and process the information provided herein on computer. This processing is necessary for the exercise of the statutory functions conferred on the Public Guardian by the Adults with Incapacity (Scotland) Act 2000. By signing below I understand that I consent to this information being processed, stored and used by the Office of the Public Guardian in the discharge of its function.

**SIGNATURE OF PROPOSED
WITHDRAWER:**

PRINT NAME:

DATE:

**SIGNATURE OF ANY OTHER
PROPOSED WITHDRAWER(S):**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

PRINT NAME(S):

<input type="text"/>	<input type="text"/>
----------------------	----------------------

DATE:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

The Public Guardian needs to confirm that the condition of the adult still meets the criteria as set in section 1(6) of the Act. The medical certificate (SSI76) enclosed at the rear of this form must now be completed by a medical practitioner and accompany your application. You should arrange to have the medical certificate completed before you or the countersignatory, if appropriate, sign and date this application.

Once completed this application must be lodged with the Public Guardian within 14 days of the proposed withdrawer and any other withdrawers signing and dating the application form.

Please note that where joint withdrawers or a new reserve withdrawer are identified in this application you require to have section 6 completed before lodging the application with this office.

Section 6 – Countersignatory Information

This section does not require to be completed where the guardian applying for recall of powers is to be the withdrawer.

The countersignatory must read the full application form and agree to its content and be satisfied that this application is necessary before completing and signing the declaration.

The countersignatory must read the declaration thoroughly and ensure that he/she meets the criteria as set. If not, that person cannot act as countersignatory in this application. If there are new joint withdrawers/reserve withdrawer and you cannot find one countersignatory who meets the criteria for all you require a separate countersignatory to support each withdrawer. Each countersignatory must fully complete a separate section 6.

The countersignatory must declare if he or she is liable to gain financially from involvement in this application and if so the countersignatory must identify the nature and extent in the box provided. A monetary or financial interest is known as a “pecuniary interest”.

Section 6.1 - Details of Countersignatory

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

Please note that the Public Guardian may at some time during this process contact the countersignatory in relation to the application.

Section 6.2 - Declaration of Countersignatory

I DECLARE THAT I HAVE KNOWN
(Proposed withdrawer's name)

- for at least one year prior to the signing of the foregoing application and I believe the proposed withdrawer(s) to be a fit and proper person(s) to intromit with the adult's funds. I further believe that the information contained in this application to be true.

- I am not :
 - (a) a relative or person residing with the proposed withdrawer(s) or the adult; or
 - (b) a director or employee of the fundholder; or
 - (c) a solicitor acting on behalf of the adult or any other person mentioned in this sub-paragraph in relation to any matter under this Act; or
 - (d) the medical practitioner who has signed the medical certificate in connection with this application; or
 - (e) a guardian of the adult or a welfare or continuing attorney of the adult; or
 - (f) a person who is authorised under an intervention order in relation to the adult.

Select (a) or (b) below

- (a) I have no pecuniary interest in this application.
- (b) I have a pecuniary interest in this application.

The nature and extent of that interest is:

The countersignatory must now complete this question providing as much relevant information as possible.

Please comment below on how you feel that the proposed withdrawer is a fit and proper person and has the ability to carry out the functions of withdrawer:

SIGNATURE OF COUNTERSIGNATORY:

PRINT NAME:

DATE:

This application form must be lodged with the Office of the Public Guardian no later than 14 days after the date the form is countersigned.

Checklist For Applicant

Have you completed all the relevant sections.

Have all persons signed and dated the form.

Where appropriate, have medical certificate(s) been completed and enclosed.

Has evidence been enclosed to support your request for funds.

Have you enclosed the relevant fee. Your cheque should be made payable to the "Scottish Court Service".

Is the application form being submitted to the Public Guardian within 14 days of the date it is signed by the countersignatory, or within 14 days of the date it is signed by the applicant, where no countersignatory has been required.

**Scottish Statutory Instrument 2008 No. 51
(Previously SSI No. 76)**

Regulation 3

Adults with Incapacity (Scotland) Act 2000 (“the Act”)

Certificate of incapacity to accompany an application to the Public Guardian under section 24C, 24D or 25

I(Full Name)

of

(Professional Address) in my capacity as (1)

have examined the following patient on(Date),

.....(Patient’s Name)

of

.....(Address)/...../..... (Date of Birth)

I am of the opinion that he/she is incapable in relation to decisions about, or incapable of acting to safeguard or promote his/her interests in, his/her funds.

I am of the opinion that the patient named above is incapable in terms of section 27B of the Act because of:

mental disorder ⁽²⁾ and/or

inability to communicate because of physical disability ⁽³⁾

Brief description of mental disorder/inability to communicate

.....

.....

(Signed)

(Date)

(1) the person signing the certificate must be a medical practitioner; insert as appropriate, eg GP, specialist in mental disorder.

(2) mental disorder has the meaning given to it in section 328 of the Mental Health (Care and Treatment) (Scotland) Act 2003, namely that it means any mental illness; personality disorder or learning disability however caused or manifested, but an adult is not mentally disordered by reason only of sexual orientation; sexual deviancy; transsexualism; transvestism; dependence on, or use of, alcohol or drugs; behaviour that causes, or is likely to cause, harassment, alarm or distress to any other person; or acting as no prudent person would act.

(3) one of these **must** be deleted unless both apply.

SCOTTISH STATUTORY INSTRUMENT 2001 No 79

Adults with Incapacity (Scotland) Act 2000 ("the Act")

Evidence to inform decision to dispense with notification to adult with incapacity in terms of Sections 7(1)(d) and 11(2) of the Act.

IMPORTANT: This form is to be completed by two medical practitioners.

A: First Medical Practitioner:

I(Full Name)

of(Professional Address)

have examined the following patient on(Date), in my capacity as

.....*

to(Patient's Name)

.....(Date of Birth), of

.....(Patient's Address)

I am of the opinion that it would pose a serious risk to the health of the patient named above for the Public Guardian to notify him/her of an application under Section 26 of the Act for authority to intromit with funds.

The reason for this opinion is

.....

.....(Signed)(Date)

B: Second Medical Practitioner:

I(Full Name)

of(Professional Address)

have examined the following patient on(Date), in my capacity as

.....*

I am of the opinion that it would pose a serious risk to the health of the patient named above for the Public Guardian to notify him/her of an application under Section 26 of the Act for authority to intromit with funds.

The reason for this opinion is.....

.....

.....(Signed)(Date)

* the person signing the certificate must be a medical practitioner; insert as appropriate, eg GP, specialist in mental disorder