ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000



Application to Purchase Accommodation on behalf of an Adult

PUBLIC GUARDIAN'S REF:	PG/
1. Details of Adult	
NAME OF ADULT:	
CURRENT ADDRESS:	
POST CODE:	
2. Details of Guard	dian
NAME OF GUARDIAN:	
CURRENT ADDRESS:	
POST CODE:	
TELEPHONE NO:	
E-MAIL ADDRESS:	
DATE YOU WERE APPOI	NTED BY THE COURT:

3. Consent to Purchase Accommodation

or the adult. You nere are any oth	elow to tell us why you propose to purchase accommodation u must specifically state how this will benefit the adult and if her reasonable alternatives you have considered. Please give as
nuch information	n as you can.
	(If there is insufficient space, please continue on a separate sheet of paper)

Give an i	naication of the prop	erth buce-pracket tor r	mulcu yo	ou seek consent.	
PLEASE E	NTER THE AMOUNT:	£			
	adult's funds be used pplicable	to meet the full purcha	ise price	: :	
As four	n funds will be used to	ascertain at this stage owards the purchase o Use the space below are able:	f accom	nmodation?, how	S
					7
	(If there is ins	sufficient space, please conti	nue on a	separate sheet of paper)
SIGNED:			DATE:		1
			 		_ _
SIGNED			DΔTF·		

ssue luly 2010

Once this form is completed and signed it should be sent along to OPG at the address below.

This application will, be intimated to the Adult (subject to section 11 of the Act), the adult's nearest relative, primary carer, named person and any other person that the Public Guardian thinks would have an interest in the application. Reference is made to the Code of Practice for Interveners and Guardians relating to the Guardian consulting with other interested parties prior to making this application to the Public Guardian.

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• Telephone: 01324 678300

• Fax: 01324 678301

• Email: opg@scotcourts.gov.uk

• Website: www.publicguardian-scotland.gov.uk

The Office of the Public Guardian is open to the Public from: 09:00-17:00 Mondays to Friday.