

SCHEDULE 1

Regulation 2

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

Certificate of incapacity in relation to decisions as to, or safeguarding interest in, resident’s affairs.
I (full name of medical practitioner)

of
..... (professional address)

have examined (resident’s name),
.../.../.... (resident’s date of birth),

of
.....
..... (authorised establishment where resident lives) on .../.../.... (date)

in my capacity as *

I am of the opinion that he/she is incapable in relation to:

- decisions as to**
- safeguarding his/her interests in **

any of the affairs referred to in section 39 of the Act.

This is because of:

- mental disorder**
- inability to communicate because of physical disability**

.....
.....
.....
.....

(brief description of nature of mental disorder/inability to communicate).

I am not related to the resident or to any of the managers of the authorised establishment in which he/she resides, nor do I have any direct or indirect financial interest in the authorised establishment.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

In assessing the capacity of the resident, I have given effect to the principles set out in section 1 of the Act.

..... (signature of medical practitioner)

..... (printed name)

.../.../.... (date)

Note: In accordance with section 37(7) of the Act, this certificate shall expire on (three years after date of signature), but it shall be reviewable before that date where it appears that there has been any change in the condition or circumstances of the resident named in this certificate bearing on that resident's incapacity.

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

** one of these must be deleted unless both apply.