

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Status: This is the original version (as it was originally made).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.

SCHEDULE 2

Regulation 3(2)

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

Certificate to inform decision whether to dispense with intimation under section 37(3) or action under section 37(4).

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 it would pose a serious risk to the health of the resident named above for him/her to be notified:

- that his/her capacity is to be medically examined under section 37(2) of the Act;
- of the result of that medical examination;
- that his/her affairs are to be managed under section 37 of the Act.**

The reason for this opinion is

.....

.....

.....

(brief description of reason(s)).

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.

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***I am a medical practitioner approved by (approving body) for the purposes of section 20 of the Mental Health (Scotland) Act 1984 as having special experience in the diagnosis or treatment of mental disorder.

.....(signature of medical practitioner)

..... (printed name)

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

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

** If any alternative is inappropriate, please delete it.

*** Delete if this is not the case.