

SCHEDULE 1

Regulation 2(6)(b)

Note: fill in Part A1 where the adult is examined in Scotland and Part A2 where the adult is examined outwith Scotland.

PART A1 DETAILS OF REPORT WRITER AND ADULT FOR EXAMINATIONS IN SCOTLAND

(name)

being a medical practitioner with the following professional address:

(state full postal address for contact)

Telephone E-mail

[complete the following box if applicable(a); otherwise, delete]

and being approved by the Health Board/ by the State Hospital's Board for Scotland *(please delete one)*

for the purposes of section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003 as having special experience in the diagnosis and treatment of mental disorder,

hereby confirm that I examined and assessed the following adult ("the adult")

Name

Residing at (state full postal address)

Date of birth

On (give date of examination and assessment)

OR

(a) Where the incapacity is by reason of mental disorder, one of the medical practitioners must be approved for the purposes of section 22 of the 2003 Act as having special experience in the diagnosis and treatment of mental disorder (section 57(6B) of the Act)

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PART A2 DETAILS OF REPORT WRITER AND ADULT FOR EXAMINATIONS OUTWITH SCOTLAND

I (name)

being a medical practitioner with the following professional address:

(state full postal address for contact.)

Telephone

E-mail

having the following qualification and special experience in relation to the treatment of mental disorder:

and having consulted the Mental Welfare Commission(a) about this report ☐ (please tick box)

hereby confirm that I examined and assessed the following adult ("the adult")

Name

Residing at

(state full postal address)

Date of birth

On

(give date of examination and assessment)

At

(insert place and address of assessment)

(a) Postal address: The Mental Welfare Commission, Floor K, Argyle House, 3 Lady Lawson Street, Edinburgh, EH3 9SH.
Telephone: 0131 232 6111. Website: www.nwscot.org.uk

SCHEDULE 2

Regulation 2(7)

5A What are the views of the adult's named person?

Name:

Relationship:

State

(a) the views of the adult's named person about the order sought if you have obtained these.

(b) do you agree with these views?

(c) if you have not obtained these views, why was it not reasonable or practicable to do so?

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SCHEDULE 3

Regulation 2(8)

“SCHEDULE 3

Regulation 4(b)

Mental Health Officer's report to accompany application for renewal of guardianship relating to personal welfare^{*} personal welfare and property or financial affairs^{*}

AWI[3]
Adults with Incapacity (Scotland) Act 2000
Section 60(3)(b)

PART A AUTHOR OF THE REPORT

<p>I <input style="width: 300px; height: 20px;" type="text"/></p> <p>(Give full name, local authority for whom you are acting in this case, and work address)</p>	<p>am a Mental Health Officer appointed by <input style="width: 150px; height: 20px;" type="text"/></p> <p>Address <input style="width: 350px; height: 50px;" type="text"/></p> <p>Tel No <input style="width: 200px; height: 20px;" type="text"/></p> <p>E-mail <input style="width: 350px; height: 20px;" type="text"/></p>
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PART B THE ADULT

<p>On <input style="width: 100px; height: 20px;" type="text"/></p>	<p>(Give date of interview and assessment of the adult. <i>Note: This must be carried out not more than 30 days before lodging of the application.</i>)</p> <p>I interviewed and assessed the adult who is the subject of this application</p> <p><input style="width: 400px; height: 20px;" type="text"/> (name)</p> <p>Give full name, address and date of birth of the adult, as on the application)</p> <p><input style="width: 400px; height: 80px;" type="text"/> (address)</p> <p><input style="width: 250px; height: 20px;" type="text"/> (DOB)</p>
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^{*} Delete the one which does not apply

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PART C THE GUARDIAN

This report is written in relation to the application by the guardian

(state name of
guardian. Where there
are joint guardians
give names of both/all)

to renew the guardianship granted on

(state date on which
guardianship order
made and dates of any
subsequent renewals)

PART D APPROPRIATENESS OF CONTINUING THE GUARDIANSHIP

1. I have read the application, have taken note of the powers sought and the period of guardianship being applied for.

☐ (please tick box)

AND

- 2.(a) I am of the opinion that it is appropriate to continue the guardianship having regard to the general principles set out in section 1 of the Adults with Incapacity (Scotland) Act 2000.

☐ (please tick box)

OR

- 2.(b) I am of the opinion that it is not appropriate to continue the guardianship having regard to the general principles set out in section 1 of the Adults with Incapacity (Scotland) Act 2000.

☐ (please tick box)

Comments (if any)

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PART E GUARDIAN'S SUITABILITY

[Do not complete if the guardian is the Chief Social Work Officer.]

(If there are joint guardians with personal welfare powers please duplicate Part E and complete for each guardian)

Name of guardian.

I am satisfied, having regard to the factors set out in section 59(4) of the Adults with Incapacity (Scotland) Act 2000(a), that the guardian continues to be suitable to act as the adult's guardian.

☐ (please tick box)

PART F Signed

Dated

(a) The factors set out in section 59(4) are:-

- (a) the accessibility of the guardian to the adult and to his or her primary carer;
- (b) the ability of the guardian to carry out the functions of guardian;
- (c) any likely conflict of interest between the adult and the guardian;
- (d) any undue concentration of power which is likely to arise in the guardian over the adult;
- (e) any adverse effects which the continuation of the appointment of the guardian would have on the interests of the adult;
- (f) any such other matters as appear appropriate.

SCHEDULE 4

Regulation 2(9)

“SCHEDULE 6

Regulation 5(b)

**Chief Social Work Officer's report to accompany application
for renewal of guardianship
relating to personal welfare***
*personal welfare and property or financial affairs**

AWI 6]
ADULTS WITH INCAPACITY
(SCOTLAND) ACT 2003
Section 60(3)(b)

PART A AUTHOR OF THE REPORT

I

am the Chief Social
Work Officer of

If there are any enquiries in connection with this report, please contact

Address

Tel No

E-mail

PART B THE ADULT

On

(Give date of interview and assessment of the adult. Note: *This must be
carried out not more than 30 days before lodging of the application.*)

The following adult who is the subject of this application was assessed

(name)

of

(Give full
name,
address and
date of
birth of the
adult, as on
the
application)

(address)

(DOB)

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PART C THE GUARDIAN

This report is written in relation to the application by the guardian

(state name of
guardian. Where there
are joint guardians
give names of both/all)

to renew the guardianship granted on

(state date on which
guardianship order
made and dates of any
subsequent renewals)

PART D APPROPRIATENESS OF CONTINUING THE GUARDIANSHIP

1. I have read the application, have taken note of the powers sought and the period of guardianship being applied for.

☐ (please tick box)

AND

2.(a) I am of the opinion that it is appropriate to continue the guardianship having regard to the general principles set out in section 1 of the Adults with Incapacity (Scotland) Act 2000.

☐ (please tick box).

OR

2.(b) I am of the opinion that it is not appropriate to continue the guardianship having regard to the general principles set out in section 1 of the Adults with Incapacity (Scotland) Act 2000.

☐ (please tick box).

(Comments (if any))

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PART E GUARDIAN'S SUITABILITY

[Do not complete if the guardian is the Chief Social Work Officer.]

(If there are joint guardians with personal welfare powers please duplicate Part E and complete for each guardian)

Name of guardian:

I am satisfied, having regard to the factors set out in section 59(4) of the Adults with Incapacity (Scotland) Act 2000(a), that the guardian continues to be suitable to act as the adult's guardian

☐ (please tick box)

PART F Signed

Dated

(a) The factors set out in section 59(4) are:

- (a) the accessibility of the guardian to the adult and to his or her primary carer;
- (b) the ability of the guardian to carry out the functions of guardian;
- (c) any likely conflict of interest between the adult and the guardian;
- (d) undue concentration of power which is likely to arise in the guardian over the adult;
- (e) any adverse effects which the continuation of the appointment of the guardian would have on the interests of the adult;
- (f) such other matters as appear appropriate.

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SCHEDULE 5

Regulation 2(10)

“SCHEDULE 9

Regulation 6(b)

**Public Guardian’s report to accompany
application for renewal of guardianship relating to
property or financial affairs**

**AWI [9]
ADULTS WITH INCAPACITY
(SCOTLAND) ACT 2000
Section 60(3)(c)**

I

of the Office of the Public Guardian, Hadrian House, Callendar Business Park, Callendar Road, Falkirk, FK1 1XR,

Tel No

E-mail

having considered the guardianship
by

(insert name of guardian)

in relation to

(insert name of adult)

(state opinion as to (1) the
applicant’s conduct as the guardian
and (2) the suitability of the
applicant continuing as guardian)

Signed

Dated