

# Form TC 3

## Regulation 24(2) and (3)

### Mental Health Act 1983 section 19 - Authority for transfer of a patient from the guardianship of one guardian to another

#### PART I

*(To be completed by the present guardian)*

Authority is given for the transfer of

*(name and address of patient)*

  
  

from the guardianship of

*(name and address of the present guardian)*

  
  

to the guardianship of

*(name and address of the proposed guardian)*

  
  

in accordance with the Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008.

This transfer was agreed by

*(name of local social services authority)*

*(date)*

on

*(date)*

This transfer is to take place on

*(delete whichever does not apply)*

**Signed:** ..... the guardian/on behalf of the local social services authority which is the guardian

**Name:** .....

**Date:** .....

**Please turn over**

**PART 2**

*(To be completed by the proposed guardian, if not the responsible local social services authority)*

I am willing to act as the guardian of the above named in accordance with Part 2 of the Mental Health Act 1983.

I confirm that my full name and address is as entered in Part 1 of this form.

**Signed:** .....

**Date:** .....

**PART 3**

*(This is not part of the authority for transfer but is to be completed by the responsible local social services authority)*

*(name of guardian  
or local social  
services authority)*

This patient was transferred into the guardianship of

*(date)*

on  in pursuance of this authority for transfer.

**Signed:** ..... on behalf of the  
local social services authority

**Name:** .....

**Date:** .....