

# Form TC 4

## Regulation 24(4) and (5)

### Mental Health Act 1983 section 19 - authority for transfer from guardianship to hospital

#### PART I

*(To be completed on behalf of the local social services authority)*

Authority is given for the transfer of

*(full name and  
address of patient)*


who is at present under the guardianship of

*(name and address  
of guardian)*


to

*(name and address  
of hospital)*


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

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

**Name:** .....

**Date:** .....

**Please turn over**

**PART 2**

*(This is not part of the authority for transfer but is to be completed at the hospital to which the patient is transferred)*

**This patient was admitted to the above named hospital in pursuance of this authority**

*(date of admission)*

**for transfer on**

**Signed:** ..... on behalf of  
managers of the receiving hospital

**Name:** .....

**Date:** .....