**Guardianship Administrative Scrutiny Form C**

**Renewal**

**Guidance**

**Minor mistakes:**

The Receiving Officer can consent to the amendment of any application or medical recommendation, which is found to be **incorrect or defect.**

In these circumstances the form should be returned to the person who signed it for amendment and the Receiving Officer should record this (**Part E**).

The period given for this to be completed is **14 days** starting with the day the application was accepted by Kent County Council.

Minor mistakes include:

* LEAVING A SPACE BLANK
* OMITTING TO INSERT A DATE
* FAILING TO DELETE ONE OR MORE ALTERNATIVES IN PLACES WEHRE ONLY ONE CAN BE CORRECT
* DISCREPANCIES IN THE WAY A SERVICE USER’S NAME IS RECORDED PROVIDED THEY DO NOT RAISE ANY DOUBTS AS TO WHETHER THE DOCUMENTS REFER TO THE SAME PERSON
* THE DOCTOR’S REASONS DO NOT APPEAR TO BE SUFFICIENT TO SUPPORT THE CONCLUSIONS (BUT DO NOT SUGGEST THE CONCLUSIONS ARE WRONG OR HAVE NO PROPER BASIS)

**Un-rectifiable/ invalid errors** include**:**

* THERE ARE NOT THE CORRECT NUMBER OF MEDICAL RECOMMENDATIONS
* THE MEDICAL RECOMMENDATIONS AND THE APPLICATION DO NOT RELATE TO THE SAME PERSON
* THE MEDICAL RECOMMENDATIONS OR APPLICATION ARE NOT SIGNED
* THE GUARDIAN HAS NOT BEEN NAMED

***Please note*** unlike hospital admissions, when a medical recommendation is invalid it is not possible to simply provide a new one. In such cases, a new application must be made (S.8 (4) MHA).

Photocopies of the original blank forms and computer-generated versions can be used

 **Part A – Service User’s Details**

|  |  |
| --- | --- |
| **Surname:** | **First name:** |
|  |  |
| **Mosaic Number:** | **Date of Birth:** |
|  |  |

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| --- |
| In **Part B** if the answers to questions marked with an ***asterisk*** (\*) are **“NO or X”** the documents **must** be declared **invalid** and there is no authority to detain the person. In the event of this occurring new forms **must** be provided. |

**Part B – Renewal**, (please **✓** or X as appropriate)

|  |  |  |
| --- | --- | --- |
| **No.** |  | **✓ or X** |
| **1\*** | Has **a medical recommendation** on a Form G9 been received? | **\*** |
| **2\*** | Has the medical recommendation been **signed**?  | \* |
| **3** | Has the medical recommendation been **dated**? |  |
| **4** | Does the medical recommendation give **clear evidence of the symptoms and behaviour** the service user is exhibiting and not just record a diagnostic classification of a mental disorder (CoP, 14.75).  |  |
| **5** | Have the grounds for Guardianship been clearer stated and in particular, **why guardianship is necessary** for the service user’s welfare or the protection of other people? |  |
| **6** | Are all alternatives or options **deleted** **as appropriate**? |  |
| **7** | Have all **amendments** made on the form G9 been initialled? |  |

**Part C: Amendments to the renewal document** (please **✓** or X as appropriate)

|  |  |  |
| --- | --- | --- |
| **No.** |  | **✓or X** |
| **1** | Have any minor errors been identified and requested to be amended within 14 days? |  |
| **2** | Have any minor amendments that were requested been initialled? |  |

**Part D: All Legal Documents** (please **✓** or X as appropriate)

|  |  |  |
| --- | --- | --- |
| **No.** |  | **✓or X** |
| **1** | Are the service user’s **name and address** exactly the same on all of the documents? |  |
| **2** | Has a copy of the social circumstances report been provided? |  |
| **3** | Has a copy of the service user’s care and support plan been provided? |  |
| **4** | Has a copy of the quality assurance form been provided? |  |

I have received and checked the papers for the above-named person.

I confirm that I have found no invalidating errors (questions marked with an asterisk).

|  |  |
| --- | --- |
| **Signed by the Authorised Receiving Officer:** |  |
| **Print Name:**  |  |
| **Date:**  |  |