**Guardianship Administrative Scrutiny Form B**

**Transfer from S3 to S7 Guardianship**

**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 D**).

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:** |
|  |  |

**Part B – Agreement of Transfer Discussion** (discussion with MHA Administrator)

|  |
| --- |
|  |

I have *“accepted” or “agreed transfer”* on behalf of the LSSA

|  |  |
| --- | --- |
| **Signed by Accepting Officer:**  |  |
| **Print Name:**  |  |
| **Date:**  |  |

|  |
| --- |
| In **Parts C** 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 C – Transfer Form G6** (please **✓** or X as appropriate)

|  |  |  |
| --- | --- | --- |
| **No.** |  | **✓ or X** |
| **1\*** | Has Kent County Council been named as the Guardian? | **\*** |
| **2** | Is the address of Kent County Council: **County Hall, Maidstone, Kent. ME14 1XQ?**  |  |
| **3\*** | Has Kent County Council been named as the authority agreeing the transfer? | **\*** |
| **4** | Has the date of **confirmation of transfer** been completed? |  |
| **5** | Has the date of when the transfer **will take place** been completed? |  |
| **6\*** | Has the authority for transfer been **signed** by the MHA Administrator (on behalf of the hospital managers) | \* |
| **7** | Has the MHA Administrator dated the form? |  |
| **8** | Have all **amendments** made on the forms been initialled? |  |

**Part D: Amendments** (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 E: 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 Receiving Officer:** |  |
| **Print Name:**  |  |
| **Date:**  |  |

|  |  |
| --- | --- |
| **Signed by Accepting Officer:**  |  |
| **Print Name:**  |  |
| **Date:**  |  |