**Guardianship Administrative Scrutiny Form A**

**New Applications**

**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:** |
|  |  |

|  |
| --- |
| In **Parts B and 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 B – Medical Recommendations** (please **✓** or X as appropriate)

|  |  |  |
| --- | --- | --- |
| **No.** | **Un-rectifiable errors (** \* ) | **✓or X** |
| **1\*** | Have **two medical recommendations** been received either on one Form G3 *or* on two separate Form G4s? | \* |
| **2\*** | Have the medical recommendations been **signed?** (if it is a joint recommendation have both doctors signed the form)? | \* |
| **3** | Have the medical recommendations been **dated**? |  |
| **4\*** | Have the doctors **examined** the service user within 5 clear days of each other (check examination dates and **not** dates the forms were signed)?e.g. if the first doctor examined the service user on 1 January, the second doctor must have examined them on or before 7 January | \* |
| **5\*** | Are the **dates of signing** by both medical recommendations the same or earlier than the date of the application? | \* |
| **6** | 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 (14.75 Mental Health Act 1983 (MHA) Code of Practice)?  |  |
| **7** | Have the grounds for Guardianship been clearer stated and, why **guardianship is necessary** for the service user’s welfare or the protection of other people? |  |
| **8** | Are all alternatives or options **deleted as appropriate**? |  |
| **9** | Have all **amendments** made on the forms been initialled? |  |

***Please note*** there are no provisions for a joint medical recommendation to be rectified (s15(2) MHA

**Part C – Applications**, (please **✓** or X as appropriate)

|  |  |  |
| --- | --- | --- |
| **No.** | **Un-rectifiable errors (** \* ) | **✓or X** |
| **1\*** | Has an application been received either on Form G1 (Nearest Relative) or Form G2 (AMHP)? | \* |
| **2\*** | Has the private Guardian been **named?** | \* |
| **3** | Has the private Guardian’s **address** been written? |  |
| **4** | Has the private Guardian written a statement confirming that they are **willing to act** as Guardian in the appropriate place on the application? |  |
|  **5\*** | Where the Local Authority is the Guardian has it been **named** as: **KENT COUNTY COUNCIL**? | \* |
| **6** | Is the address of Kent County Council: **County Hall, Maidstone, Kent. ME14 1XQ?**  |  |
| **7\*** | Did the applicant **see the service user within 14 days** of the 2nd medical examination?e.g. If the applicant last saw the service user on 1 January, the application must be signed **on or before** 14 January.  | **\*** |
| **8\*** | Does the application refer to the **same service user** as stated on the medical recommendations? | \* |
| **9\*** | Has the application been **signed**? | \* |
| **10** | Has the application been **dated?** |  |
| **11** | Has the applicant recorded whether the service user has a nearest relative or not?  |  |
| **12** | If there is a nearest relative has the applicant recorded whether s/he consulted with them or not? |  |
| **13**  | If the applicant did **not** consult with the nearest relative have they recorded clearly their reasons why? |  |
| **14** | Did one of the doctors have **previous acquaintance** with the service user and if not, does the application explain why? |  |

***Please note*** an invalidated application due to un-rectifiable errors cannot be amended.

In these cases, a new application must be made.

**Part D: Amendments to the legal documents** (please **✓** or X as appropriate)

|  |  |  |
| --- | --- | --- |
| **No.** |  | **✓or X** |
| **1** | Have any minor errors been identified? |  |
| **2** | Has a letter been sent informing the person the error(s) must be amended within 14 days? |  |

**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:**  |  |

**Part F: Amendments to the legal documents** (please **✓** or X as appropriate)

|  |  |  |
| --- | --- | --- |
| **No.** |  | **✓or X** |
| **1** | Have any minor amendments that needed to be made now been completed within 14 days? |  |

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