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| --- | --- |
| **STRICTLY PRIVATE & CONFIDENTIAL**  Name  Address  Address  Address  Address  Address | Akua Agyepong  C/O AMHP Service  3rd Floor, Invicta House  County Hall  Sandling Road  Maidstone  Kent, ME14 1XX    Tel: 03000 415762  Ask for: Akua Agyepong  Email: [MHGuardianship@kent.gov.uk](mailto:MHGuardianship@kent.gov.uk)    <<DATE>> |
|  |  |

Dear <<NAME OF NEAREST RELATIVE>>

**RE <<NAME OF PERSON>>’s Transfer into Guardianship**

I am writing to confirm that as of <<DATE of TRANSFER >>, <<NAME OF PERSON>> was transferred from Section 3 to Section 7 Guardianship (Mental Health Act 1983).

Kent County Council will be their Guardian and <<NAME OF AMHP>>, Approved Mental Health Professional (AMHP) will carry out this role.

To help you I have enclosed the information leaflets about:

* Guardianship
* Absent Without Leave (AWOL)

If you have any questions, please ask <<NAME OF AMHP>> who can be contacted on: <<Email of AMHP>>

<<Tel. of AMHP>>

<<NAME OF PERSON>> has the right to appeal and if they would like to, I have given them a Mental Health Review Tribunal Application Form.

They can have help to make their appeal from <<NAME OF AMHP>>. Or they can also have help from an Advocate and/or a free solicitor. I have given them the information leaflet about:

* An Independent Mental Health Advocate (IMHA)

which I have also enclosed for you. If they would like help from an IMHA then they can contact: The advocacy people on:

* Website [Mental Health Advocacy (theadvocacypeople.org.uk)](https://www.theadvocacypeople.org.uk/services/mental-health-advocacy)
* Phone: 0330 440 9000
* Email [info@theadvocacypeople.org.uk](mailto:info@theadvocacypeople.org.uk)
* Text: 80800, starting message with PEOPLE

I understand from <<NAME OF AMHP>> that you are <<NAME OF PERSON>>’s Nearest Relative and as such, you have several rights and responsibilities. To help you understand your role I have given you the information leaflet:

* Your Nearest Relative

If you have any questions about this role then please talk to <<NAME OF AMHP>>.

<<NAME OF RC>>, <<NAME OF PERSON>>’s doctor will provide them with a review of their needs and decide if Guardianship is still needed to help them.

If you decide at any time Guardianship is no longer needed, then please talk to <<NAME OF RC>> or <<NAME OF AMHP>> in the first instance. However, you do have the right to discharge <<NAME OF PERSON>> from Guardianship at any time.

If you choose to discharge <<NAME OF PERSON>> from Guardianship, then this is effective as soon as you tell them. But please also complete the letter I have given you:

* Letter from Nearest Relative to discharge

and send it back as soon as possible so we can update our records.

Yours sincerely

Akua Agyepong

Assistant Director, Countywide Services

CC <<Name of PERSON>>

<< Name of AMHP>>, Approved Mental Health Professional

Enc Guardianship Leaflet

Absent Without Leave Leaflet

Independent Mental Health Advocate Leaflet

Your Nearest Relative Leaflet

Letter from Nearest Relative to Discharge