|  |  |
| --- | --- |
| **STRICTLY PRIVATE & CONFIDENTIAL**NameAddressAddressAddressAddressAddress | Akua AgyepongC/O AMHP Service3rd Floor, Invicta House County Hall Sandling Road Maidstone Kent, ME14 1XX Tel: 03000 415762 Ask for: Akua Agyepong Email: MHGuardianship@kent.gov.uk <<DATE>> |
|  |  |

Dear <<NAME>>

**RE <<NAME OF Person>> <<DOB>> Your Transfer into Guardianship**

I am writing to confirm that as of <<DATE of TRANSFER >> you were transferred from Section 3 (Mental Health Act 1983) into Guardianship.

Kent County Council will be your Guardian and <<NAME OF AMHP>>, Approved Mental Health Professional will carry out this role and visit you at least every 3 months.

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>>

You have the right to appeal and if you would like to, I have given you:

* **A Mental Health Review Tribunal Application Form**

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

* **An Independent Mental Health Advocate (IMHA)**

and if you would like help from an IMHA please 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
* **Text:** 80800, starting message with PEOPLE

I understand from <<NAME OF AMHP>> that <<NAME OF NEAREST RELATIVE>> is your Nearest Relative. They have also been told you are now under Guardianship, and I have given you a copy of their letter. To help you understand the role of your Nearest Relative I have also given you the information leaflet called:

* **Your Nearest Relative**

If you have any questions about your Nearest Relative, then please talk to <<NAME OF AMHP>>**.**

<<NAME OF RC>>, your doctor will provide you with a review of your needs and decide if Guardianship is still needed to help you.

Yours sincerely

**Akua Agyepong**

**Assistant Director, Countywide Services**

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

 <<Name of RC>>, Responsible Clinician

Enc Guardianship Leaflet

 Absent Without Leave Leaflet

 Mental Health Review Tribunal Application Form

 Independent Mental Health Advocate Leaflet

 Your Nearest Relative Leaflet

 Copy of letter to Nearest Relative