

Section 7 – record of acceptance of guardianship application

(To be attached to the guardianship application)

(PRINT full name and address of patient)

[Redacted area for patient name and address]

This application was accepted by / on behalf of* the local social services authority on

/ /

(date).

(Delete the phrase that does not apply)*

Signed

[Redacted area for signature]

on behalf of the responsible local social services authority.

PRINT NAME

[Redacted area for print name]

Date

/ /