

**Section 19 – authority for transfer from guardianship to hospital**

**PART 1**

*(To be completed on behalf of the local social services authority)*

Authority is given for the transfer of *(PRINT full name and address of patient)*

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who is at present under the guardianship of *(name and address of guardian)*

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to *(name and address of hospital)*

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in accordance with the Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008.

Signed

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on behalf of the local social services authority

PRINT NAME

Date

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**PART 2**

**RECORD OF ADMISSION**

*(This is not part of the authority for transfer but is to be completed at the hospital to which the patient is transferred)*

This patient was admitted to the above named hospital in pursuance of this authority for transfer on

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*(date of admission to receiving hospital)*

at

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*(time)*

Signed

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on behalf of the managers of the receiving hospital

PRINT NAME

Date

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