

Revocation of Suspension Certificate by Scottish Ministers

Restricted Patients and Patients with Restricted Status

Instructions

v7.1

The following form is to be used:

where a suspension certificate granted under section 221 or 224, is revoked by the Scottish Ministers.

There is no statutory requirement that you use this form but you are strongly recommended to do so. This form draws attention to some procedural requirements under the Mental Health (Care and Treatment) (Scotland) Act 2003. Failure to observe procedural requirements may invalidate the certificate.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in
BLOCK CAPITALS
and in BLACK or BLUE ink

For example

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Shade circles like this ->

Not like this ->



Patient Details

CHI Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name (s)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other / Known As

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Gender

Male Female Prefers not to say Not listed

DoB

dd / mm / yyyy

--	--	--	--	--	--	--	--	--	--	--

If not listed, please specify

--	--	--	--	--	--	--	--	--	--

Patient's home address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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Postcode

--	--	--	--	--	--	--	--	--	--

<< Please enter NF1 1AB if no fixed abode

Revocation Details

This form is being completed on behalf of the Scottish Ministers by:

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Designation

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

A certificate suspending the authority to detain the patient in hospital was granted on:

Date

--	--	--	--	--	--	--	--	--	--	--

I, an authorised representative of the Scottish Ministers, confirm that the Scottish Ministers are satisfied that in the interests of the patient, or for the protection of any other person, it is necessary to revoke this certificate. The patient will be detained in:

Hospital

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



Notification Details

I confirm that I gave notice of this revocation to the following parties as soon as was practicable (within 14 days for the Commission) after the revocation took place.

- The patient
- Where a person is placed in charge of the patient, that person
- The patient's RMO
- The Mental Welfare Commission (see note 2)
- The patient's named person (if any) (see note 1)
- The patient's GP (see note 1 & note 2)
- The patient's MHO (see note 1)

Signature / Date

Signed
on behalf of Scottish Ministers

--

Date
dd / mm / yyyy

		/			/				
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Notes

1. Not required where patient is subject to an assessment order
2. Notification only required if period of suspension was greater than 28 days

