The Mental Health (Care and Treatment) (Scotland) Act 2003

Notification of Appeal Against Transfer to a State Hospital

TX3a

This box is for the use of the Mental Health Tribunal for Scotland only

Instructions **v6.0**

The following form is to be used:

to notify hospital managers that an appeal against transfer to a state hospital has been lodged with the Mental Health Tribunal for Scotland. Unless specifically authorised by the Tribunal, the transfer should not take place pending the determination of the appeal.

Patient Details

CHI Number

Surname

First Name(s)

Title

Gender ○ Male ○ Female

DoB
dd / mm / yyyy

The patient is currently detained in -

Hospital

Details of Appeal

An appeal against a transfer was made by:

○ the patient

○ the patient's named person

The appeal was received by the Mental Health Tribunal for Scotland on:

Date

Tribunal Order under section 220(4)

shade as appropriate

○ s 220(4)(a) - The patient should NOT be transferred as proposed, pending determination of the appeal.

○ s 220(4)(b) - The Mental Health Tribunal for Scotland is satisfied that, pending determination of the appeal, the patient should be transferred as proposed.

Completed by

Surname

First Name(s)

Job Title

Signed

Date