

ADULTS WITH INCAPACITY - (SCOTLAND) ACT 2000

Application form

Request account information ATF (1) (Version 2)

Individual(s)

Please refer to the guidance notes to assist with completion

Section 1 - Personal information

Section 1.1 - Current details of the adult

Title		House/no	
Forename		Street	
Middle name		Locality	
Surname		City	
Date of birth		County	
Tel no		Country	
E-mail address		Post code	

Ethnic origin

(Please tick as appropriate)

White Scottish	<input type="checkbox"/>	Other White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
Other White	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Other (South Asian)	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Black Scottish and Other Black	<input type="checkbox"/>
Mixed	<input type="checkbox"/>	Other	<input type="checkbox"/>		

A copy of this application will be sent to the person named above, if you consider this should not be sent as it would pose a serious risk to their health please tick the box.

By ticking this box you are required to lodge the enclosed SSI No 79 medical certificate with the application. This must be completed by two registered and licensed medical practitioners, one of whom must be a specialist under the terms of the Mental Health Care & Treatment Act.

SIMPLY TO INDICATE THAT THEY WOULD NOT UNDERSTAND THE APPLICATION OR WOULD BE UPSET BY IT IS NOT SUFFICIENT GROUNDS FOR NON-INTIMATION.

Section 1.2 - Details of applicant(s)

Applicant 1

Title		House/no	
Forename		Street	
Middle name		Locality	
Surname		City	
Tel no		County	
E-mail address		Country	
Relationship (e.g. spouse, son, friend, professional etc.)		Post code	

Applicant 2

Title		House/no	
Forename		Street	
Middle name		Locality	
Surname		City	
Tel no		County	
E-mail address		Country	
Relationship (e.g. spouse, son, friend, professional etc.)		Post code	

if there are more than two applicants, please continue on a separate page

Section 1.3 - Details of the nearest relative

Title		House/no	
Forename		Street	
Middle name		Locality	
Surname		City	
Tel no		County	
E-mail address		Country	
Relationship (e.g. spouse, son, sister, cousin etc.)		Post code	

If there has been a court order naming the above as the nearest relative please tick this box.

Section 1.4 - Details of the primary carer

Title		House/no	
Forename		Street	
Middle name		Locality	
Surname		City	
Tel no		County	
E-mail address		Country	
Relationship (e.g. spouse, son, friend, professional etc.)		Post code	

Section 1.5 - Details of any named person, attorney, intervener or guardian

Title		House/no	
Forename		Street	
Middle name		Locality	
Surname		City	
Tel no		County	
E-mail address		Country	
Relationship (e.g. spouse, son, friend, professional etc.)		Post code	

Please indicate role

Named person attorney intervener guardian

if more than one role applies please continue on a separate page

Section 1.6 - Details of any interested parties

e.g. other family members, friend, advocate etc.

Title		House/no	
Forename		Street	
Middle name		Locality	
Surname		City	
Tel no		County	
E-mail address		Country	
Relationship (e.g. spouse, son, friend, professional etc.)		Post code	

Title		House/no	
Forename		Street	
Middle name		Locality	
Surname		City	
Tel no		County	
E-mail address		Country	
Relationship (e.g. spouse, son, friend, professional etc.)		Post code	

Title		House/no	
Forename		Street	
Middle name		Locality	
Surname		City	
Tel no		County	
E-mail address		Country	
Relationship (e.g. spouse, son, friend, professional etc.)		Post code	

Title		House/no	
Forename		Street	
Middle name		Locality	
Surname		City	
Tel no		County	
E-mail address		Country	
Relationship (e.g. spouse, son, friend, professional etc.)		Post code	

Section 2 - Financial information

Section 2.1 - Existence of an account

Please only complete this section when the sort code and account number are known

Bank/Building Society	
Branch name	
No/building	
Street	
Locality	
City	
County	
Country	
Post code	
Sort code	
Account holder	
Account number	

Bank/Building Society	
Branch name	
No/building	
Street	
Locality	
City	
County	
Country	
Post code	
Sort code	
Account holder	
Account number	

Please continue on a separate page if necessary

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Section 2.2 - Need to identify what accounts exist

Abbey	<input type="checkbox"/>	TSB Scotland	<input type="checkbox"/>
Alliance & Leicester	<input type="checkbox"/>	Nationwide Building Society	<input type="checkbox"/>
Barclays	<input type="checkbox"/>	Nat West Bank	<input type="checkbox"/>
Bradford & Bingley	<input type="checkbox"/>	Northern Rock	<input type="checkbox"/>
Cheltenham & Gloucester	<input type="checkbox"/>	Royal Bank of Scotland	<input type="checkbox"/>
Clydesdale Bank	<input type="checkbox"/>	Santander	<input type="checkbox"/>
Dunfermline Building Society	<input type="checkbox"/>	Standard Life Bank	<input type="checkbox"/>
Halifax/Bank of Scotland	<input type="checkbox"/>	Woolwich	<input type="checkbox"/>
HSBC	<input type="checkbox"/>	Yorkshire Building Society	<input type="checkbox"/>
Lloyds TSB	<input type="checkbox"/>	Others: (Please specify)	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

Section 2.3 - Indicative use of funds

Likely need for expenditure	Estimated monthly amount £
Gas	
Electricity	
Telephone	
Mortgage	
Rent	
Insurances	
Council tax	
TV licence	
Care charges	
Loan repayments	
Club or other subscriptions	
Food and household expenses	
Clothing	
Holidays/outings	
Personal allowance	
Gifts	
Other (please specify)	
One off payments/lump sum (please specify)	

Section 2.4 - Additional information

Additional information to support your application e.g. background

Section 3 - Terms of declaration

You are required to read over and sign the declaration and data protection/use of information statement below.

Declaration

- I believe that it is appropriate for me to make this application;
- I believe that funds are held in the sole name of the adult as identified;
- I believe the information contained in this application to be true;
- I declare that the information is requested for the sole purpose of progressing an application to access the funds of the adult in terms of Part 3 of the Adults with Incapacity (Scotland) Act 2000 as amended;
- I understand that accessing this information for any other purpose is considered a breach of confidentiality; and
- I understand that information disclosed by banks/building societies etc. is confidential and any breach of this by me may result in legal action.

Data protection/use of information

The Office of the Public Guardian will retain and process the information provided herein on computer. This processing is necessary for the exercise of the statutory functions conferred by the Adults with Incapacity (Scotland) Act 2000. By signing below I understand that I consent to this information being processed, stored and used by the Office of the Public Guardian in the discharge of its function.

Signature of applicants		
Print name(s)		
Date		

Section 4 - Countersignatory information

Title	
Forename	
Middle name	
Surname	
House/no	
Street	
Locality	
City	
County	
Country	
Post code	
Tel no	
Email address	
Relationship to applicants(s) (e.g. friend, neighbour, colleague)	

Declaration of countersignatory

I declare that I have known

(insert name(s) above)

for at least one year prior to the signing of the foregoing application and I believe them to be a fit and proper person(s) to intromit with the adult's funds. I further believe that the information contained in this application to be true.

I am not:

- a) a relative or person residing with the applicant(s) or the adult; or
- b) a director or employee of the fundholder; or
- c) a solicitor acting on behalf of the adult or any other person mentioned in this sub paragraph in relation to any matter under this Act; or.
- d) the medical practitioner who has signed the medical certificate in connection with this application; or
- e) a guardian of the adult or a welfare or continuing attorney of the adult; or
- f) a person who is authorised under an intervention order in relation to the adult.

Delete (a) or (b) below

a) I have no pecuniary interest in this application.

b) I have a pecuniary interest in this application.

The nature and extent of the interest is:

The countersignatory must now answer the question below providing as much relevant information as possible.

Please comment below on how you feel that the applicant is a fit and proper person and has the ability to carry out the functions of withdrawer:

Signature of countersignatory	
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Print name	
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Date	
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THE APPLICATION MUST BE LODGED WITHIN 14 DAYS OF THIS DATE.

Checklist for applicant:

- Have you completed all the relevant sections?
- Have all applicant(s) signed and dated the form?
- Has the form been countersigned and dated?
- Is the application form being submitted within 14 days of the date it was signed by the countersignatory?
- Where appropriate, have medical certificate(s) been completed and enclosed?

Where appropriate have you enclosed relevant fee?

- Please see our website for current fees or telephone us.
Cheques should be made payable to the 'Scottish Courts & Tribunals Service'.
Alternatively you may pay by debit card prior to posting your application.

If you wish to pay by BACS please ensure you quote 'ATF' and the adult's surname as a reference, please also mention the fee is being paid by this method in your cover letter. Our bank account number is 00650476 sort code 82-20-32.

It is advisable to have the application and enclosures weighed at the Post Office to ensure that the correct postage is applied.

Please print, sign and send to:

Office of the Public Guardian (Scotland)
Hadrian House
Callendar Business Park
Callendar Road
FALKIRK
FK1 1XR

DX: 550360 Falkirk 3

Telephone: 01324 677140

Website: www.publicguardian-scotland.gov.uk

Email: OPGATF@scotcourts.gov.uk

Twitter: @OPGScotland

Scottish Statutory Instrument 2008 No. 51

Regulation 3

Adults with Incapacity (Scotland) Act 2000 ("the Act")

Certificate of incapacity to accompany an application to the Public Guardian under section 24C, 24D or 25

I (Full Name)

of

(Professional Address) in my capacity as (1)

have examined the following patient on (Date),

..... (Patient's Name)

of

..... (Address) (Date of Birth)

I am of the opinion that he/she is incapable in relation to decisions about, or incapable of acting to safeguard or promote his/her interests in, the funds.

I am of the opinion that the patient named above is incapable in terms of section 27B of the Act because of:

mental disorder(2) and/or

inability to communicate because of physical disability(3)

Brief description of mental disorder/inability to communicate

.....

(Signed)

(Date)

(1) the person signing the certificate must be a registered and licenced medical practitioner; insert as appropriate, e.g. GP, specialist in mental disorder

(2) mental disorder has the meaning given to it in section 328 of the Mental Health (Care and Treatment) (Scotland) Act 2003, namely that it means any mental illness; personality disorder or learning disability however caused or manifested, but an adult is not mentally disordered by reason only of sexual orientation; sexual deviancy; transsexualism; transvestism; dependence

(3) on, or use of, alcohol or drugs; behaviour that causes, or is likely to cause, harassment, alarm or distress to any other person; or acting as no prudent person would act.

(4) one of these **must** be deleted unless both apply.

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Scottish Statutory Instrument 2001 No 79

Adults with Incapacity (Scotland) Act 2000 ("the Act")

Evidence to inform decision to dispense with notification to adult with incapacity in terms of Sections 7(1)(d) and 11(2) of the Act.

IMPORTANT: This form is to be completed by two medical practitioners.

A: First Medical Practitioner

I (Full Name)

of (Professional Address)

have examined the following patient on (Date), in my capacity as

*

to (Patient's Name)

..... (Date of Birth), of

..... (Patient's Address)

I am of the opinion that it would pose a serious risk to the health of the patient named above for the Public Guardian to notify him/her of an application under Section 26 of the Act for the authority to intromit with funds.

the reason for this opinion is

..... (Signed)

..... (Date)

B: Second Medical Practitioner

I (Full Name)

of (Professional Address)

have examined the following patient on (Date), in my capacity as

*

I am of the opinion that it would pose a serious risk to the health of the patient named above for the Public Guardian to notify him/her of an application under Section 26 of the Act for the authority to intromit with funds.

the reason for this opinion is

..... (Signed)

..... (Date)

* the person signing the certificate must be a medical practitioner; insert as appropriate, e.g. GP, specialist in mental disorder

NOTES (FOR COMPLETION OF SSI 79)

Under section 11(2) of the Act, we may dispense with intimation or notification to an adult under the Act, if it is considered that this would be likely pose a serious risk to their health. Under section 7(1)(d) of the Act, the Scottish Ministers prescribe the evidence which we shall take into account when deciding under section 11(2) whether to dispense with intimation or notification.

This certificate (SSI 79) should be used to provide such evidence when it is necessary. It should be attached to the certificate of capacity (SSI 51) and accompany an application made under section 26 of the Act for authority to intromit with funds.

The Adults with Incapacity (Evidence in Relation to Dispensing with Intimation or Notification) (Scotland) Regulations 2001 prescribe that intimation or notification may be dispensed with on production of certificates from two medical practitioners that such intimation or notification would pose a serious risk to their health. The regulations also prescribe that:

- The two medical practitioners **must** be independent of each other
- In any case where the incapacity of the adult is by reason of mental disorder, one of the two medical practitioners **must** be a medical practitioner approved for the purposes of Section 22 of the Mental Health (Care and Treatment)(Scotland) Act 2003 as having special experience in the diagnosis or treatment of mental disorder.

BOTH SECTIONS OF THIS CERTIFICATE (SSI 79) MUST BE COMPLETED AND THE TWO DOCTORS SIGNING MUST FULFIL THE REQUIREMENTS ABOVE.