

Notification to the Mental Welfare Commission of the designation of a specified person

Instructions

The following form is to be used:

to notify the Mental Welfare Commission of the designation of a specified person, in relation to restriction of correspondence, telephones, or other measures taken to ensure safety and security in hospitals. This notification is NOT required for patients in the State Hospital or the Orchard Clinic in relation to the implementation of safety and security measures.

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

2 5 M A R K E T S T

Shade circles like this ->

Not like this ->



Patient Details

CHI Number

2 1 0 4 6 7 3 9 3 3

Surname

S H A W

First Name(s)

A N D R E W

Other / Known as

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

Title

M R

Gender ☒ Male

DoB

dd / mm / yyyy

2 1 / 0 4 / 1 9 6 7

☐ Female

The patient is detained under the care of:

Hospital

B E C K F O R D L O D G E

Ward / Clinic

I O N A W A R D

RMO Details

The patient's RMO is:

Surname

S T E V E N

First Name

L A U R A

Title

D O C T O R

GMC Number

6 1 5 7 0 7 8

Hospital

B E C K F O R D L O D G E

Ward / Clinic
(If appropriate)

I O N A W A R D

Approved under section 22 of the Act by:

Health Board

NHS

L A N A R K S H I R E



To be completed by the Hospital Managers

Declaration of Specified Person

The patient's RMO designated the patient as a specified person on:

Date
dd / mm / yyyy

0 5 / 0 8 / 2 0 2 2

The designation as a specified person is in relation to:

- ☐ Correspondence
☐ Use of Telephones
☒ Safety and Security in Hospitals

- ☒ The patient has been notified that s/he has been designated as a specified person; or
☐ it was the opinion of the RMO that it would be prejudicial to the patient's health or treatment to notify the patient that s/he has been designated as a specified person.

Notification Details

Notification completed by:

Surname

W R A T T E N

First Name

R H O N A

Job Title

F O R E N S I C S E C R E T A R Y

Signed

R Wratten

Date

dd / mm / yyyy

0 5 / 0 8 / 2 0 2 2

