

Declaration by Individual not wishing to have a Named Person
Nominated under The
Mental Health (Care & Treatment)(Scotland) Act 2003 as amended by the
Mental Health (Scotland) Act 2015

Name of Person Making Declaration:

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Address of Person Making Declaration:

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I hereby declare that I DO NOT WISH to have or to nominate someone to be my Named Person in terms of the Mental Health (Care & treatment) 9Scotland) Act 2003 (as amended). I understand the implications of this declarations and this has been fully explained to me.

Signature of Person Making Declaration	Date
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Witness Certification

I hereby certify that I am of the opinion that at the time of making this Declaration _____ (*insert name of person making declaration*) understands the effect of revoking a person to be their named person, and that he / she has not been subject of any undue influence, and hereby witness his / her signature.

Name of Witness (print)	Signature of Witness
	Date

Designation of Witness (Category / Occupation which enables witness to act as 'Prescribed Person' #

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Address of Witness

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*In terms of the Regulations made under S250 & 253 of the Act (The Mental Health (patient Representation) (prescribed Persons) (Scotland) Regulations 2017 provides that any of the following persons may act as a witness. Persons providing independent advocacy services; Medical Practitioners, Arts Therapists, Dieticians, Occupational Therapists, physiotherapist practitioners; Psychologists & Speech & Language therapists IF registered with the HCPC; Persons employed in the provisions of, or managing the provision of a care service; Registered Nurses; Social Workers and Solicitors.*