

Nomination of Named Person  
Made under The  
Mental Health (Care & Treatment)(Scotland) Act 2003 as amended by the  
Mental Health (Scotland) Act 2015

Name of Person Making Nomination:

--

Address of Person Making Nomination:

--

I hereby nominate

Name:	Address
-------	---------

To be my Named Person with regard to the Mental Health (Care & Treatment) (Scotland) Act 2003 (as amended)

Signature of Person Making Nomination	Date
---------------------------------------	------

**Witness Certification**

I hereby certify that I am of the opinion that at the time of making this nomination \_\_\_\_\_ (*insert name of person making nomination*) understands the effect of nominating 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' #

--

Address of Witness

--

**#** *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.*

Part 2

**Accept / Decline Nomination as Named  
Person in terms of the Mental Health (Care & Treatment) (Scotland Act  
2003 (as amended))**

Name and Address of Nominated Named Person

<b>Name</b>	<b>Address</b>
-------------	----------------

I have received notice of my nomination to act as 'Named Person' in terms of the Mental Health (Care & Treatment) (Scotland) Act 2003 (as amended) made by:

\_\_\_\_\_ (*insert name of person making nomination*)

I have had the role of Named Person explained to me and understand the role and have been provided with a copy of the 'guidance to named persons'.

I Accept / Decline this nomination. (delete as appropriate)

Signature	Date
-----------	------

**Witness Certification**

I Certify that I have explained the role of 'Named Person' to the nominee and witnessed the signing of this form.

Name of Witness (print)	Signature of Witness
	Date

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

--

Address of Witness

--

**#** *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.*