

Revocation 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 Revocation:

--

Address of Person Making Revocation:

--

I hereby Revoke the nomination made by me on \_\_\_\_\_(insert date) I no longer wish

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

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

Signature of Person Making Revocation	Date
---------------------------------------	------

**Witness Certification**

I hereby certify that I am of the opinion that at the time of making this Revocation  
\_\_\_\_\_ (insert name of person making revocation) 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' #

--

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.