

Delegation of Nearest Relative powers

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Date:

Dear Legislation Team

Delegation of Nearest Relative powers

Patient's name:

Patient's D.O.B:

Patient's address:

I _____ (name) of _____ (address)

being the nearest relative of _____ (name of patient) for the
 purposes of the Mental Health Act 1983, hereby delegate my powers of nearest
 relative to _____ (name) of _____ (address)

I confirm that _____ (name) has consented to act as the nearest
 relative of _____ (name)

Signed (delegating Nearest Relative):

Dated:

Signed (accepting Nearest Relative):

Dated:

Authorisation may be transmitted electronically (provided the new person is willing to receive it in that format). Delegation is not completed until received (and accepted), by the new person. The nearest relative must give notice of the delegation to the patient; the managers of the hospital (Mental Health Legislation Team) if the person is detained and/or subject to a community treatment order; the local social services authority (and the private guardian, if any) if the person is subject to guardianship.