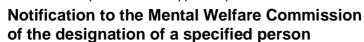
RES₁



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	exa	mpl	е									Sh	ade	circ I	les Not	like i like i	this this	-> ->	×	<	
Patient Details																								
CHI Number																								
Surname																							T	
First Name(s)																							$\overline{}$	
Other / Known as																							\pm	
Other / Known As' could include any name / alias that the patient would prefer to be known as.																								
Title												1	Gender O Male											
DoB dd / mm / yyyy]/]/						 				O I	Fem	nale	¹					
The patient is detained u	nde	r the	e ca	re o	of:																			
Hospital																								
Ward / Clinic																								
RMO Details																								
The patient's RMO is:																								
Surname								Τ								\top								
First Name								\perp																
Title												G	MC	Nu	mb	er								
Hospital						Τ						Τ		T	T									
Ward / Clininc (if appropriate)																								
Approved under section 2	22 o	of the	e Ad	ct by	/ :																			
Health Board NHS						Т					Τ			\top										



To be completed by the Hospital Managers											
Desination of Specified Person											
The patient's RMO designated the patient as a specified person on: Date dd / mm / yyyy / / / / / / / / / / / / / / / /											
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. 											
Completion Details											
Notification completed by:											
Surname											
First Name											
Job Title											
Signed											
Date dd / mm / yyyy											



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