

SCHEDULE 2

CERTIFICATE OF MEDICAL PRACTITIONER APPOINTED BY MENTAL WELFARE COMMISSION

I, (name and professional address).....

.....

.....

am a medical practitioner appointed by the Mental Welfare Commission for the purposes of the Adults with Incapacity (Specified Medical Treatments) (Scotland) Regulations 2002 (“the Regulations”)

(and, in a case to which regulation 6 of the Regulations (adults aged 16 or 17) applies, have a qualification, or special experience, in child and adolescent psychiatry or in another specialism appropriate to the treatment of the adult)

and have today examined

(name of adult).....

(adult’s address).....

.....

(adult’s date of birth)..... (“the adult”)

I certify that the adult is incapable in relation to a decision about the treatment proposed which is a treatment to which the Regulations apply namely–

(describe treatment).....

.....

and that having regard to the likelihood of that treatment safeguarding or promoting the adult’s physical or mental health, the treatment should be carried out. In coming to this decision I have observed the principles set out in section 1 to the Adults with Incapacity (Scotland) Act 2000.

This certificate shall subsist until (a date not exceeding 1 year from the date of certificate).

..... (signed)

..... (date)