

SCHEDULE

Regulation 2

Adults with Incapacity (Scotland) Act 2000 (“the Act”)

Certificate of incapacity to accompany an application to the Public Guardian under section 26 of the Act for authority to intromit with funds

I.....(full name)

of.....

(professional address)

have examined the following patient on(date), in my capacity as

.....*

.....(patient’s name)

of.....

.....(address)...../...../.....(date of birth)

I am of the opinion that he/she is incapable in relation to decisions about, or incapable of acting to safeguard or promote his/her interests in, the funds specified in the accompanying application for authority to intromit with funds under section 26 of the Act.

I am of the opinion that the patient named above is incapable in terms of section 26(1)(f) of the Act because of:

mental disorder**

inability to communicate because of physical disability**

Brief description of mental disorder/inability to communicate.....

.....

.....

.....(signed).....(date)

* the person signing the certificate must be a medical practitioner; insert as appropriate, eg GP, specialist in mental disorder

** one of these **must** be deleted unless both apply