STATUTORY INSTRUMENTS

1971 No. 178

MENTAL HEALTH

The Mental Health (Hospital and Guardianship) (Welsh Forms) Regulations 1971

Made - - -	21*st January* 1971
Laid before Parliament	10*th February* 1971
Coming into Operation	1*st April* 1971

The Secretary of State for Wales in exercise of his powers under section 56 of the Mental Health Act 1959(a) as extended by section 2(2) of the Welsh Language Act 1967(b) and of all other powers enabling him in that behalf, hereby makes the following regulations:—

1. These regulations may be cited as the Mental Health (Hospital and Guardianship) (Welsh Forms) Regulations 1971 and shall come into operation on 1st April, 1971.

2.—(1) In these regulations, unless the context otherwise requires, the following expressions have the meanings hereby assigned to them:—

"the Act" means the Mental Health Act 1959;

"hospital" has the meaning assigned to it by section 147(1) of the Act and includes a mental nursing home;

"mental nursing home" means a home in respect of which the particulars of registration are, for the time being, entered or treated as entered in the separate part of the register kept for the purposes of section 15(1) of the Act;

"principal regulations" means the Mental Health (Hospital and Guardianship) Regulations 1960(c).

(2) The Interpretation Act 1889(d) applies to the interpretation of these regulations as it applies to the interpretation of an Act of Parliament.

3.—(1) In relation to an application for admission to any hospital in Wales or Monmouthshire, regulation 4 of the principal regulations shall have effect as if it referred, instead of to the forms numbered 1, 2 and 4A in the Schedule to those regulations, to the forms numbered 1, 2 and 4A in the Schedule to these regulations.

(2) The forms numbered 1, 2 and 4A in the Schedule to these regulations may be completed in Welsh or in English or partly in Welsh and partly in English.

(a) 1959 c. 72. (b) 1967 c. 66. (c) S.I. 1960/1241 (1960 II, p. 1903). (d) 1889 c. 63.

SCHEDULE

FORM 1

FFURFLEN 1

APPLICATION FOR ADMISSION FOR OBSERVATION (SECTION 25)

CAIS AM GAEL MYNEDIAD I FOD O DAN WYLIADWRIAETH (ADRAN 25)

To the Managers of [name and address of hospital or mental nursing home]
At Reolwyr [enw a chyfeiriad yr ysbyty neu gartref nyrsio y meddwl]

1. I [name and address of applicant] hereby apply for the admission of [name and address of patient] to the above-named hospital for observation in accordance with Part IV of the Mental Health Act 1959.

1. Yr wyf fi [enw a chyfeiriad y sawl sy'n gwneud y cais] drwy hyn yn gwneud cais am i [enw a chyfeiriad y claf] gael mynediad i'r ysbyty a enwyd uchod er mwyn bod o dan wyliadwriaeth yn unol â Rhan IV, Mental Health Act 1959.

2.

(*a*) I am the patient's nearest relative within the meaning of the Act, being the patient's [state relationship].

2.

(*a*) Myfi yw perthynas agosaf y claf o fewn ystyr y Ddeddf, gan fy mod yn [noder y berthynas] iddo/iddi.

OR

Delete the two statements which do not apply.

(*b*) I have been authorised by $\frac{\text{a county court}}{\text{the patient's nearest relative}}$ to exercise the functions of the patient's nearest relative under the Act and a copy* of the authority is attached to this application.

NEU

Dilëer y ddau osodiad nad ydynt yn gymwys.

(*b*) Awdurdodwyd fi gan $\frac{\text{Lys Sirol}}{\text{berthynas agosaf y claf}}$ i gyflawni dyletswyddau perthynas agosaf y claf o dan y Ddeddf, a chysylltir copi* o'r awdurdod ynghlwm wrth y cais hwn.

OR

(*c*) I am an officer of [name of local health authority] appointed to act as a mental welfare officer for the purposes of the Act.

NEU

(*c*) Yr wyf yn swyddog dan [enw'r awdurdod iechyd lleol] wedi fy mhenodi i weithredu fel swyddog lles y meddwl at ddibenion y Ddeddf.

3. I last saw the patient on [date].

3. Gwelais y claf ddiwethaf ar [dyddiad].

4. This application is founded on the medical recommendations forwarded herewith.

4. Seilir y cais hwn ar yr argymhellion meddygol a ddanfonir yma gyda hwn.

5. †

Signed .....
Date .....

5. †

Llofnodwyd .....
Dyddiad .....

* Copy of the court order or of the authority signed by the nearest relative under Regulation 25 of the Mental Health (Hospital and Guardianship) Regulations 1960.

* Copi o'r gorchymyn llys neu o'r awdurdod wedi ei lofnodi gan y perthynas agosaf dan Reoliad 25, Mental Health (Hospital and Guardianship) Regulations 1960.

† If neither of the medical practitioners who have made the medical recommendations had previous acquaintance with the patient, the applicant should state here why it is not practicable to obtain a recommendation from a practitioner having such acquaintance.

† Os nad oedd yr un o'r meddygon a wnaeth yr argymhellion meddygol yn adnabod y claf o'r blaen, dylai'r sawl sy'n gwneud y cais nodi yma pam nad yw'n ymarferol cael argymhelliad gan feddyg a oedd yn ei adnabod.

Record of Admission
Cofnod am y Mynediad

(*This is not part of the application but is to be completed later at the hospital or mental nursing home.*)

(*Nid yw hwn yn rhan o'r cais ond dylid ei lenwi'n ddiweddarach yn yr ysbyty neu gartref nyrsio y meddwl.*)

(*a*) [Name of patient] was admitted to [name of hospital or mental nursing home] in pursuance of this application on [date].

(*a*) Derbyniwyd [enw'r claf] i [enw'r ysbyty neu gartref nyrsio y meddwl] yn unol â'r cais hwn ar [dyddiad].

OR

(*b*) [Name of patient] was already an in-patient in [name of hospital or mental nursing home] on the date of this application and the application was received by me on behalf of the managers on [date].

NEU

(*b*) Yr oedd [enw'r claf] eisoes yn glaf preswyl yn [enw'r ysbyty neu gartref nyrsio y meddwl] ar y dyddiad y gwnaed y cais hwn, a derbyniais innau'r cais ar ran y rheolwyr ar [dyddiad].

Signed.....
on behalf of the managers.

Date .....

Llofnodwyd .....
ar ran y rheolwyr.

Dyddiad .....

[Sections 49, 50 and 51 of the Act to be set out.]

[Gosoder allan adrannau 49, 50 a 51 o'r Ddeddf.]

FORM 2
FFURFLEN 2

EMERGENCY APPLICATION FOR ADMISSION FOR OBSERVATION (SECTION 29)
CAIS BRYS AM GAEL MYNEDIAD I FOD DAN WYLIADWRIAETH (ADRAN 29)

To the Managers of [name and address of hospital or mental nursing home]
At Reolwyr [enw a chyfeiriad yr ysbyty neu gartref nyrsio y meddwl]

1. I [name and address of applicant] hereby apply for the admission of [name and address of patient] to the above-named hospital for observation in accordance with Part IV of the Mental Health Act 1959.

1. Yr wyf fi (enw a chyfeiriad y sawl sy'n gwneud y cais) drwy hyn yn gwneud cais am i [enw a chyfeiriad y claf] gael mynediad i'r ysbyty a enwyd uchod i fod o dan wyliadwriaeth yn unol â Rhan IV, Mental Health Act 1959.

2.
(*a*) I am a relative of the patient within the meaning of the Act, being the patient's [state relationship].

2.
(*a*) Yr wyf yn berthynas i'r claf o fewn ystyr y Ddeddf, gan fy mod yn [noder y berthynas] iddo/iddi.

OR

Delete (*a*) or (*b*).

(*b*) I am an officer of [name of local health authority] appointed to act as a mental welfare officer for the purposes of the Act.

NEU

Dileer (*a*) neu (*b*).

(*b*) Yr wyf yn swyddog dan [enw'r awdurdod iechyd lleol] wedi fy mhenodi i weithredu fel swyddog lles y meddwl at ddibenion y Ddeddf.

3. I last saw the patient on [date].

3. Gwelais y claf ddiwethaf ar [dyddiad].

4. In my opinion it is of urgent necessity for the patient to be admitted and detained under Section 25 of the Act, and compliance with the requirements of the Act relating to applications for admission other than emergency applications would involve undesirable delay.

4. Yn fy marn i, mae'n rheidrwydd brys i'r claf gael mynediad a'i gadw dan Adran 25 o'r Ddeddf, a byddai cydymffurfio â gofynion y Ddeddf ynglŷn â cheisiadau am fynediad, ar wahân i geisiadau brys, yn achosi oedi annymunol.

5. This application is founded on the medical recommendations forwarded herewith.

5. Seilir y cais hwn ar yr argymhellion meddygol a ddanfonir yma gyda hwn.

6. †

Signed.....

Date .....

6. †

Llofnodwyd .....

Dyddiad.....

† If the medical practitioner who has made the recommendation had no previous acquaintance with the patient, the applicant should state here why it is not practicable to obtain a recommendation from a practitioner having such acquaintance.

† Os nad oedd y meddyg a wnaeth yr argymhellion yn adnabod y claf o'r blaen, dylai'r sawl sy'n gwneud y cais nodi yma pam nad yw'n ymarferol cael argymhelliad gan feddyg a oedd yn ei adnabod o'r blaen.

RECORD OF ADMISSION

COFNOD AM Y MYNEDIAD

(*This is not part of the application but is to be completed later at the hospital or mental nursing home.*)

(*Nid yw hwn yn rhan o'r cais, ond dylid ei lenwi'n ddiweddarach yn yr ysbyty neu gartref nyrsio y meddwl.*)

(*a*) [Name of patient] was admitted to [name of hospital or mental nursing home] in pursuance of this application at [time] on [date].

(*a*) Derbyniwyd [enw'r claf] i [enw'r ysbyty neu gartref nyrsio y meddwl] yn unol â'r cais hwn am [amser] ar [dyddiad].

OR

(*b*) [Name of patient] was already an in-patient in [name of hospital or mental nursing home] on the date of this application and the application was received by me on behalf of the managers at [time] on [date].

Delete (*a*) or (*b*).

NEU

(*b*) Yr oedd [enw'r claf] eisoes yn glaf preswyl yn [enw'r ysbyty neu gartref nyrsio y meddwl] ar y dyddiad y gwnaed y cais hwn, a derbyniais innau'r cais ar ran y rheolwyr am [amser] ar [dyddiad].

Dileer (*a*) neu (*b*).

Signed.....
on behalf of the managers.

Date .....

Llofnodwyd .....
ar ran y rheolwyr.

Dyddiad .....

[Subsections (1), (2), (5) and (6) of Section 49 of the Act to be set out.]

[Gosoder allan Is-adrannau (1), (2), (5) a (6) Adran 49 o'r Ddeddf.]

FORM 4A

FFURFLEN 4A

APPLICATION BY NEAREST RELATIVE FOR ADMISSION FOR TREATMENT
(SECTION 26)

CAIS GAN BERTHYNAS AGOSAF AM GAEL MYNEDIAD AM DRINIAETH (ADRAN 26)

To the Managers of [name and address of hospital or mental nursing home]
At Reolwyr [enw a chyfeiriad yr ysbyty neu gartref nyrsio y meddwl]

1. I [name and address of applicant] hereby apply for the admission of [name and address of patient] to the above-named hospital for treatment in accordance with Part IV of the Mental Health Act 1959, as a patient suffering from‡.

1. Yr wyf fi [enw a chyfeiriad y sawl sy'n gwneud y cais] drwy hyn yn gwneud cais am i [enw a chyfeiriad y claf] gael mynediad i'r ysbyty a enwyd uchod am driniaeth yn unol â Rhan IV, Mental Health Act 1959, fel claf yn dioddef gan‡.

‡Insert mental illness, severe subnormality and or psychopathic disorder.

‡Ysgrifenner salwch meddyliol is-normaledd difrifol, is-normaledd ac/neu anhwyldeb seicopathig.

2.
(*a*) I am the patient's nearest relative within the meaning of the Act, being the patient's [state relationship].

2.
(*a*) Myfi yw perthynas agosaf y claf o fewn ystyr y Ddeddf, gan fy mod yn [noder y berthynas] iddo/iddi.

OR

Delete the statement that does not apply.

(*b*) I have been authorised by a county court / the patient's nearest relative to exercise the functions of the patient's nearest relative under the Act and a copy* of the authority is attached to this application.

NEU

Diléer y gosodiad nad yw'n gymwys.

(*b*) Awdurdodwyd fi gan lys sirol / berthynas agosaf y claf i gyflawni dyletswyddau perthynas agosaf y claf dan y Ddeddf, a chysylltir copi* o'r awdurdod wrth y cais hwn.

3. I last saw the patient on [date].

3. Gwelais y claf ddiwethaf ar [dyddiad].

4. (This section is to be deleted if the patient is recorded above as suffering from mental illness or severe subnormality.)

4. (Dylid dileu'r adran hon os cofnodwyd uchod fod y claf yn dioddef gan salwch meddyliol neu is-normaledd difrifol.)

(*a*) The patient's date of birth is [ ].
(*a*) Ganwyd y claf ar [ ].

OR

Delete the statement that does not apply.

(if the exact age is not known)
(*b*) I believe the patient to be under twenty-one years.

NEU

Diléer y gosodiad nad yw'n gymwys.

(os na wyddys yr oedran yn fanwl)
(*b*) Credaf fod y claf dan un ar hugain oed.

5. This application is founded on the medical recommendations forwarded herewith.

5. Seilir y cais ar yr argymhellion meddygol a ddanfonir yma gyda hwn.

6. †

Signed.....

Date .....

6. †

Llofnodwyd .....

Dyddiad .....

* Copy of the court order or of the form of authority signed by the nearest relative under Regulation 25 of the Mental Health (Hospital and Guardianship) Regulations 1960.

* Copi o'r gorchymyn llys neu o'r ffurflen awdurdod wedi'i lofnodi gan y perthynas agosaf dan Reoliad 25, Mental Health (Hospital and Guardianship) Regulations 1960.

† If neither of the medical practitioners who have made the recommendations had previous acquaintance with the patient, the applicant should state here why it is not practicable to obtain a recommendation from a practitioner having such acquaintance.

† Os nad oedd un o'r meddygon a wnaeth yr argymhellion yn adnabod y claf, dylai'r sawl sy'n gwneud y cais nodi yma pam nad yw'n ymarferol cael argymhelliad oddi wrth feddyg a oedd yn ei adnabod o'r blaen.

RECORD OF ADMISSION

COFNOD AM Y MYNEDIAD

(This is not part of the application, but is to be completed later at the hospital or mental nursing home.)

(Nid yw hwn yn rhan o'r cais, ond dylid ei lenwi'n ddiweddarach yn yr ysbyty neu gartref nyrsio y meddwl.)

(*a*) [Name of patient] was admitted to [name of hospital or mental nursing home] in pursuance of this application on [date of admission].

(*a*) Derbyniwyd [enw'r claf] i [enw'r ysbyty neu gartref nyrsio y meddwl] yn unol â'r cais hwn ar [dyddiad mynediad].

OR

(*b*) [Name of patient] was already in [name of hospital or mental nursing home] on the date of this application, and the application was received by me on behalf of the managers on [date].

Delete (*a*) or (*b*) as appropriate.

NEU

(*b*) Yr oedd [enw'r claf] eisoes yn [enw'r ysbyty neu gartref nyrsio y meddwl] ar y dyddiad y gwnaed y cais hwn, a derbyniais innau'r cais ar ran y rheolwyr ar [dyddiad].

Dilëer (*a*) neu (*b*) fel y bo'n gymwys.

Signed.....
on behalf of the managers.

Date .....

Llofnodwyd .....
ar ran y rheolwyr.

Dyddiad .....

[Sections 49, 50 and 51 of the Act to be set out.]

[Gosoder allan Adrannau 49, 50 a 51 o'r Ddeddf.]

Peter Thomas,
Secretary of State for Wales.

21st January 1971.

EXPLANATORY NOTE

(This Note is not part of the Regulations.)

These regulations prescribe bilingual application forms to be used for the admission of patients into hospitals or mental nursing homes in Wales and Monmouthshire.