

REVOCATION OF NOMINATION OF NAMED PERSON

MADE UNDER THE

MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND) ACT 2003

Name of person revoking the nomination: _____

Address of person revoking the nomination: _____

I hereby revoke the nomination made by me on _____
I no longer wish _____ to be my named person with regard to
the Mental Health (Care and Treatment) (Scotland) Act 2003.

Signature _____

Witness Certificate

I hereby certificate that I am of the opinion that at the time of revoking this nomination,
_____ understands the effect of revoking their named
person nomination, and that [he/she] has not been subject to any undue influence.
I hereby witness his/her signature.

[signature]

[date of witnessing signature]

Full name of witness: _____

Address of witness: _____

Designation of witness: _____

[Occupation/category which enables the witness to act as a 'prescribed person']

You should keep a list of the names of everyone who has a copy of this document.