

Selection of the relevant person’s representative

(name of supervisory body)

To

(full name of best interests assessor)

I

(full address)

of

have considered who, if anybody, should be approved to be appointed as the relevant person’s representative in respect of

(full name of relevant person)

Part 1

(To be completed where a prospective representative has been selected)

The proposed representative has been selected by:

(delete the three indents which do not apply)

(i) the relevant person who has capacity to make this decision

(name and address of donee)

(ii) the donee of the relevant person who has the authority to make this decision, who is

of

(name and address of deputy)

(iii) the deputy of the relevant person who has the authority to make this decision, who is

of

(iv) myself, as the best interests assessor

The prospective representative that has been selected is

(full name)

(full address)

of

I confirm that I believe this person is eligible to act as the relevant person's representative and that they are willing to undertake this role if appointed by the supervisory body.

Delete (i) or (ii) as applicable

- (i) I approve the person named above to the relevant person's representative if standard authorisation is given.

- (ii) I recommend to the supervisory body that if a standard authorisation is given the person named above should be appointed to the relevant person's representative.

Signed:

Date:

Part 2

(To be completed by the prospective representative identified in Part 1 above)

I confirm that I am willing to be appointed as the relevant person's representative under the Mental Capacity Act 2005.

Signed:

Date:

Part 3

(To be completed where no prospective representative has been identified)

I have not been able to select an eligible person to be a representative, because

(give reasons including details of any persons identified but not selected because they were not eligible. Where no persons have been identified, this should also be stated)

Signed:

Date: