

Notice of intention to manage the financial affairs of a resident and application for Certificate of Authority

For care service providers or limited registration services

Application form

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Local Office:

Contents

Introduction	1
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Part 1

Notice of intention to manage the financial affairs of a resident under section 37

a. Details about the manager	2
b. DWP appointeeships	3
c. Details about the resident	4
d. The resident's finances	4
e. Other lawful decision-making powers (interventions) that may be in place	5
f. Details of nearest relative	5
g. The principles of the Act	6
h. Medical Certificate of Incapacity	8
i. Insurance	9
j. Duration and review of Part 4 powers	9
k. Data Protection Act 1998	10

Part 2

Application for a Certificate of Authority to withdraw funds under Section 42

Introduction	11
a. Details of adult's account(s) or source of funds	12
b. Persons to be authorised to withdraw and spend from accounts and sources of funds specified in Section A	14
c. Period of validity of Certificate of Authority	16
d. The principles of the Act	16
e. Data Protection Act 1998	17

Introduction

This form is in two parts. It allows a manager of an authorised establishment to:

1. Notify the Care Inspectorate that they intend to manage a resident's financial affairs.
2. Apply for a Certificate of Authority to withdraw and spend the resident's funds.

Detailed information about managing residents' finances is available in the Code of Practice for Managers under Part 4 of the Act (the Code). This is available from the Scottish Government's website. You can download a copy of the code at www.scotland.gov.uk

It is very important that you have fully considered the code before completing this form.

We need detailed information in order to be satisfied about the steps you have taken before reaching a decision to manage a resident's finances.

Once completed, please send this form to your local Care Inspectorate office with a Certificate of Incapacity completed by a medical practitioner.

Part 1 Notice of intention to manage the financial affairs of a resident under Section 37

a. Details about the manager

Title: Mr Mrs Ms other

Surname:

First names:

Service address:

Town:

Postcode:

Daytime telephone number (incl. UK area code):

Email address:

Name of care service:

Name of provider:

Type of service: Care home

Limited registration service

(No other services regulated by the Care Inspectorate are authorised establishments under Part 4).

b. DWP Appointeeships

If a DWP (Department for Work and Pensions) Appointeeship is in place this may continue alongside any powers exercised under Part 4.

Is there a DWP Appointeeship arrangement in place? Yes No

If yes, please provide the following information about the appointee. If no, please move on to Section C.

Title: Mr Mrs Ms other

Surname:

First names:

Service address:

Town:

Postcode:

Daytime telephone number (incl UK area code):

Email address:

Name of care service:

Name of provider:

c. Details about the resident

Title: Mr Mrs Ms other

Surname:

First names:

Date of birth:

Service address:

Town:

Postcode:

Date of admission to service:

d. The resident's finances

Most benefits are excluded from the matters a manager can manage under Part 4. (See DWP Guidance on Part 4, Appendix 1 of the Code of Practice).

A manager cannot manage more than £10,000 in any one financial year without specific written consent from the Care Inspectorate. Calculating this figure does not include the excluded benefits, moveable property (all property except land or buildings), or heritable property (land and buildings).

If this is greater than £10,000 you must apply to the Care Inspectorate for written consent to manage this amount of money. This form is available from your local Care Inspectorate office.

Please state the amount of money to be managed:

e. Other lawful decision-making powers (interventions) that may already be in place

You cannot apply under Part 4 if:

- there is a financial guardian, continuing attorney or other person with powers to manage the same matters; or
- an intervention order has been granted which relates to a matter that comes under Part 4 (See Code of Practice paragraph 6.17).

Have you checked that there are no other forms of lawful decision-making powers regarding the resident's financial affairs which are, or could be in place?

Yes No

f. Details of nearest relative

Title: Mr Mrs Ms other

Surname:

First names:

Home address:

Town:

Postcode:

If there has been a court order naming this person as the nearest relative to the adult please tick this box.

Why do you consider this person to be the nearest relative? We will notify the nearest relative of receipt of this form.

g. The principles of the Act

The Act contains important principles that must be taken into account in every intervention. We need to know that you have considered these principles.

Key principles of the Act are that any intervention must benefit the adult in a way that:

- would not be achieved without the intervention
- is the least restrictive option
- the wishes of the adult are taken into account
- the nearest relative and primary carer, and any other person with an interest in care has been consulted.

How will using Part 4 benefit the resident?

Please detail what alternative actions have been considered and why they are not appropriate.

Alternative action	Why the action is not appropriate

How have the wishes of the resident been taken into account, and how do you intend to do so in the future?

Have you consulted the nearest relative or primary carer? (See Code paragraphs 7.18 - 7.21)

Yes No

If no, why not? If yes, what were their views?

The Code states that the issue of incapacity and other matters about arrangements to manage financial matters for a resident should be considered carefully by the multi-disciplinary care team. (See paragraph 6.22).

Has this intervention been discussed with the multi-disciplinary care team?

Yes No

If no, why not? If yes, who was involved and what were the views of the team? Include any dissenting views.

h. Medical Certificate of Incapacity

Before notifying us of the intention to manage a resident's finances, the manager must obtain a Certificate of Incapacity completed by a medical practitioner.

Before arranging a medical examination, the manager must let the resident and the resident's nearest relative know that they intend to do this. If the manager thinks that letting them know will cause serious harm, the manager must apply to us for written permission not to let them know. A Certificate of Incapacity cannot be requested until this has been done.

Have you let the resident know that you intend to obtain a Certificate of Incapacity?

Yes No Date:

If no, have we given you written permission not to let them know?

Yes No Date:

Have you let the resident's nearest relative know that you intend to obtain a Certificate of Incapacity?

Yes No Date:

If no, please explain why below:

Date of Certificate of Incapacity:

How long is the Certificate of Incapacity valid for?

Name of medical practitioner:

Please attach the Certificate of Incapacity to this form. We cannot consider this application without it.

i. Insurance

We must be satisfied that an appropriate insurance policy is in place to indemnify the resident against any potential loss caused by the manager exercising powers under Part 4.

Do you have an appropriate insurance policy in place? Yes No

If the answer is no, an appropriate insurance policy will have to be put in place before Part 4 powers can be used.

If the answer is yes:

Date insurance obtained:

Insurer:

Please enclose a copy of the certificate of insurance.

j. Duration and review of Part 4 powers

How long do you intend to manage the resident’s financial affairs? Please note that this cannot go beyond the expiry date stated on the medical Certificate of Incapacity.

End date:

When and how do you propose to review the use of Part 4 powers and whether they remain appropriate. (See Code paragraphs 7.32 - 7.37)

Review date:

How it will be reviewed:

k. Data Protection Act 1998

The Care Inspectorate will process (use, store, disclose and so on) personal information from this form to exercise its functions as a supervisory body under Part 4 of the Adults with Incapacity (Scotland) Act 2000, or related functions as a regulator under the Public Services Reform (Scotland) Act 2010. Information will not be disclosed to other bodies unless it is lawful to do so, for example to the police to prevent or detect crime.

Declaration

I declare that, as the manager of the aforementioned authorised establishment, the information given in this form is to the best of my knowledge, accurate, correct and complete. I understand that I must comply with the Adults with Incapacity (Scotland) Act 2000 Part 4, taking into account the principles of the Act.

Signature:

Job title:

Date:

Part 2 Application for a Certificate of Authority to withdraw funds under Section 42

Introduction

Before the manager has power to withdraw and spend the resident's money, they must apply for a Certificate of Authority from the Care Inspectorate.

Other members of staff of the care service, as well as the manager, can be named on the certificate and given authority to withdraw and spend money.

The manager is responsible for all matters relating to using Part 4 together with selecting proposed authorised people who should be considered very carefully. The manager must ensure that all proposed authorised persons are fit to exercise these powers.

The manager must let us know of any change of authorised people (as stated on the Certificate of Authority), for example, if an authorised person leaves employment or is no longer deemed a suitable authorised person. You must tell us about any other matter relating to exercising Part 4. If the manager does not comply with this, we have the power to revoke a Certificate of Authority.

This next part of the form allows managers to apply for a Certificate of Authority.

a. Details of adult's account(s) or source of funds

Please detail the source of funds in the space below.

Name of the fundholder (such as bank, building society and so on):

Branch name:

Address of the fundholder:

Town:

Postcode:

Sort code (this can be found on a pass book, cheque book or statement of account):

Name of account (the name of the adult as shown on the account):

Account number (this can be found on a pass book, cheque book or statement of account):

Name of the fundholder (such as bank, building society and so on):

Branch name:

Address of the fundholder:

Town:

Postcode:

Sort code (this can be found on a pass book, cheque book or statement of account):

Name of account (the name of the adult as shown on the account):

Account number (this can be found on a pass book, cheque book or statement of account):

Name of the fundholder (such as bank, building society and so on):

Branch name:

Address of the fundholder:

Town:

Postcode:

Sort code (this can be found on a pass book, cheque book or statement of account:

Name of account (the name of the adult as shown on the account):

Account number (this can be found on a pass book, cheque book or statement of account):

Please give details of any other sources of funds:

Name of fund	Location of fund	Fundholder

Once the Certificate of Authority has been issued, we will send a copy to each fundholder listed on the certificate and the original will be sent to the manager.

b. Persons to be authorised to withdraw and spend from accounts and sources of funds specified in section A

The manager's details should be entered here.

Title: Mr Mrs Ms other

Surname:

First names:

Service address:

Town:

Postcode:

Enter the details of other people to be authorised to withdraw and spend from accounts and sources of funds in Section A.

Title: Mr Mrs Ms other

Surname:

First names:

Date of birth:

Job title:

Service address:

Town:

Postcode:

Is the individual an officer or member of staff of the authorised establishment? Yes No

If no, then the individual is not eligible to be named on the Certificate of Authority.

Title:

Mr Mrs Ms other

Surname:

First names:

Date of birth:

Job title:

Service address:

Town:

Postcode:

Is the individual an officer or member of staff of the authorised establishment? Yes No

If no, then the individual is not eligible to be named on the Certificate of Authority.

c. Period of validity of Certificate of Authority

Please state the date you wish the Certificate of Authority to end:

Date:

Please note that this date cannot go beyond the medical Certificate of Incapacity.

d. The principles of the Act

The Act contains important principles that must be taken into account in every intervention to manage the financial affairs of an adult with incapacity. We need to know that you have considered these principles. A key principle of the Act is that any intervention must benefit the adult in a way that would not be achieved without the intervention.

Please ensure that the form is fully completed before signing.

e. Data Protection Act 1998

The Care Inspectorate will process (use, store, disclose and so on) personal information from this form to exercise its functions as a supervisory body under Part 4 of the Adults with Incapacity (Scotland) Act 2000. This includes listing personal information about authorised persons on the Certificate of Authority and disclosing this information to relevant fund holders, or related functions as a regulator under the Public Services Reform (Scotland) Act 2010. Information will not be disclosed to other bodies unless it is lawful to do so, for example to the police to prevent or detect crime.

Declaration

This declaration must be signed by the manager, officers or members of staff who are nominated to be named as an authorised person who is given authority to withdraw and spend money.

I declare that, as the manager/officer/member of staff of the aforementioned authorised establishment, the information given in this form is to the best of my knowledge, accurate, correct and complete. I understand that I must comply with the Adults with Incapacity (Scotland) Act 2000.

Signature:

Designation:

Date:

Signature:

Designation:

Date:

Signature:

Designation:

Date:

Headquarters

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY
Tel: 01382 207100
Fax: 01382 207289

We have offices across Scotland. To find your nearest office, visit our website or call our Care Inspectorate enquiries line.

Website: www.careinspectorate.com

Email: enquiries@careinspectorate.com

Care Inspectorate Enquiries: 0845 600 9527

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànanan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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