directors of adass
adult social services
West Midlands

Case ID Number:			
DEPRIVATION OF LIBERTY SAFEGUARDS FORM 1 **REQUEST FOR STANDARD AUTHORISATION AND URGENT AUTHORISATION**			
Request a Standard Authorisation only (***you DO NOT need to complete pages 5 or 6***)			
Also grant an Urgent Authorisation ***(to GRANT an urgent authorisation, you must also complete pages 5 and 6. Please be aware that by completing these pages you are granting the authorisation not requesting it)***			
Full name of person this application is for		Sex	
Date of Birth *(or estimated age if unknown)*		Est. Age	
Relevant Medical History (*including diagnosis of mental disorder if known*)			
Sensory Loss		Communication Requirements	
Name, address and contact details of the care home or hospital requesting this authorisation (including ward details if appropriate). Please include email address.			
CQC location number			
If a hospital, date of admission			
Usual address of the person (if different to above)			
Name of the Supervisory Body where this form is being sent			
How the care or treatment is funded	Local Authority only (*please specify)*		Local Authority and NHS (*jointly funded, please specify*)	
	NHS only (*please specify*)		Self-funded by person	

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REQUEST FOR STANDARD AUTHORISATION

THE DATE FROM WHICH THE STANDARD AUTHORISATION IS REQUIRED: *If standard only – within 28 days* *If an urgent authorisation is also attached – within 7 days*	

PURPOSE OF THE STANDARD AUTHORISATION

Please describe the care and or treatment this person is receiving (or will receive) and attach a relevant care plan and describe why you consider that the circumstances amount to a deprivation of their liberty. Give as much information as possible in the following areas, describe the restrictions in place including the type, duration, effects and manner of implementation of the measures. Is the person compliant or objecting, expressing a wish to leave, trying to leave, can they physically leave or if they wished to leave would that be facilitated? Do their current or prior wishes suggest that they would want to leave? Is coercion present or the use sedative medication? Do the measures in place go beyond what is usual in the setting? What is the purpose of the measures? Please provide details of the persons wishes and feelings in respect of the arrangements.

INFORMATION ABOUT INTERESTED PERSONS AND OTHERS TO CONSULT

Family member, friend or anyone engaged in caring for the person or interested in their welfare	Name	
	Address	
	Telephone	
	Email address	
Anyone named by the person as someone to be consulted about their welfare	Name	
	Address	
	Telephone	
	Email Address	
Any donee of a Lasting Power of Attorney granted by the person	Name	
	Address	

	Telephone	
	Email address	
Any Deputy appointed for the person by the Court of Protection	Name	
	Address	
	Telephone	
	Email address	
Any IMCA instructed in accordance with sections 37 to 39D of the Mental Capacity Act 2005	Name	
	Address	
	Telephone	
	Email address	

WHETHER IT IS NECESSARY FOR AN INDEPENDENT MENTAL CAPACITY ADVOCATE (IMCA) TO BE INSTRUCTED *Place a cross in the box below if applicable*	
Apart from someone acting in a professional capacity or other people who are renumerated to provide care or treatment, this person has no-one whom it is appropriate to consult about what is in their best interests	

WHETHER THERE IS A VALID AND APPLICABLE ADVANCE DECISION *Place a cross in one box below*	
The person has made an Advance Decision that is valid and applicable to some or all of the proposed treatment	
The person has made an Advance Decision to refuse treatment, but it is not applicable to the current or proposed treatment	
The Managing Authority is not aware that the person has made an Advance Decision to refuse treatment.	
The proposed deprivation of liberty **is not** for the purpose of giving any treatment	

THE PERSON IS SUBJECT TO SOME ELEMENT OF THE MENTAL HEALTH ACT 1983				
Yes		No		*If **Yes** please describe further e.g., section 17 leave, community treatment order, guardianship*

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PLEASE NOW SIGN AND DATE THIS FORM			
Signature		Print Name	
Date		Time	
I HAVE INFORMED ANY FAMILY MEMBERS OR CARERS OF THIS REQUEST FOR A DoLS AUTHORISATION (*Please sign to confirm)*			

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RACIAL, ETHNIC OR NATIONAL ORIGIN *Place a cross in one box only*			
White		Mixed / Multiple Ethnic groups	
Asian / Asian British		Black / Black British	
Not Stated		Undeclared / Not Known	
Other Ethnic Origin *(please state)*			

THE PERSON'S SEXUAL ORIENTATION *Place a cross in one box only*			
Heterosexual		Homosexual	
Bisexual		Undeclared	
Not Known			

OTHER DISABILITY

While the person must have a mental disorder as defined under the Mental Health Act 1983, there may be another disability that is primarily associated with the person. This is based on the primary client types used in the Adult Social Care returns.

To monitor the use of DoLS, the HSCIC requests information on other disabilities associated with the individual concerned. The presence of "other disability" may be unrelated to an assessment of mental disorder or lack of capacity.

Place a cross in one box only

Physical Disability: Hearing Impairment		Physical Disability: Visual Impairment	
Physical Disability: Dual Sensory Loss		Physical Disability: Other	
Mental Health needs: Dementia		Mental Health needs: Other	
Learning Disability		Other Disability (none of the above)	
No Disability			

RELIGION OR BELIEF *Place a cross in one box only*			
None		Not stated	
Buddhist		Hindu	
Jewish		Muslim	
Sikh		Any other religion	
Christian (includes Church of Wales, Catholic, Protestant and all other Christian denominations)			

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ONLY COMPLETE THIS SECTION IF YOU NEED TO GRANT AN URGENT AUTHORISATION BECAUSE IT APPEARS TO YOU THAT THE DEPRIVATION OF LIBERTY IS ALREADY OCCURING, OR ABOUT TO OCCUR, AND YOU REASONABLY THINK ALL OF THE FOLLOWING CONDITIONS ARE MET	
URGENT AUTHORISATION ***Place a cross in EACH box to confirm that the person appears to meet the particular condition***	
The person is aged 18 or over	
The person is suffering from a mental disorder	
The person is being accommodated here for the purpose of being given care or treatment. ***Please describe further on page 2***	
The person lacks capacity to make their own decision about whether to be accommodated here for care or treatment	
The person has not, as far as the Managing Authority is aware, made a valid and applicable Advance Decision that prevents them from being given any proposed treatment	
Accommodating the person here, and giving them the proposed care or treatment, does not, as far as the Managing Authority is aware, conflict with a valid decision made by a donee of a Lasting Power of Attorney or Deputy appointed by the Court of Protection under the Mental Capacity Act 2005	
It is in the person's best interests to be accommodated here to receive care or treatment, in circumstances that amount to a deprivation of liberty	
Depriving the person of liberty is necessary to prevent harm to them, and a proportionate response to the harm they are likely to suffer otherwise	
The person concerned is not, subject to an application or order under the Mental Health Act 1983 or, if they are, that order or application does not prevent an Urgent Authorisation being given	
The need for the person to be deprived of liberty here is so urgent that it is appropriate for that deprivation to begin before the request for the Standard Authorisation has been disposed of.	

AN URGENT AUTHORISATION IS NOW GRANTED
This Urgent Authorisation comes into force immediately.

It is to be in force for a period of: _____ days

The maximum period allowed is seven days.

This Urgent Authorisation will expire at the end of the day on: _____

Signed		Print name	
Date		Time	

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REQUEST FOR AN EXTENSION TO THE URGENT AUTHORISATION

If the Supervisory Body is unable to complete the process to give a Standard Authorisation (which has been requested) before the expiry of the existing Urgent Authorisation NB: only one extension is possible

An Urgent Authorisation is in force and a Standard Authorisation has been requested for this person.

The Managing Authority now requests that the duration of this Urgent Authorisation is extended for a further period of _____ DAYS

(***up to a maximum of 7 days and only this one extension is allowed***)

It is essential for the existing deprivation of liberty to continue until the request for a Standard Authorisation is completed because the person needs to continue to be deprived and exceptional reasons are as follows (*please record your reasons):*

Please now sign, date and send to the SUPERVISORY BODY for authorisation

Signature		Date	

RECORD THAT THE DURATION OF THIS URGENT AUTHORISATION HAS BEEN EXTENDED

This part of the form must be completed by the **SUPERVISORY BODY** if the duration of the Urgent Authorisation is extended. **The Managing Authority does not complete this part of the form.**

The duration of this Urgent Authorisation has been extended by the Supervisory Body.

It is now in force for a **further** _____ days

Important note: The period specified must not exceed seven days.

This Urgent Authorisation will now expire at the end of the day on: _____

SIGNED (on behalf of the Supervisory Body)	Signature			
	Print Name			
	Date		Time	