

Case ID Number:

DEPRIVATION OF LIBERTY SAFEGUARDS FORM 2
REQUEST FOR A FURTHER STANDARD AUTHORISATION

Full name of person being deprived of their liberty

Date of Birth
(or estimated age if unknown)

Est. Age

Name, address and contact details of the Managing Authority requesting this further authorisation. Please include email address.

THE PURPOSE OF THE AUTHORISATION

This continues to be so that the person can be lawfully deprived of their liberty in order to continue to receive care/treatment. *Please add below any changes to the care plan since the previous authorisation was granted. If there are no changes, please leave this blank.*

THE DATE FROM WHICH THE STANDARD AUTHORISATION IS SOUGHT:

A further Standard Authorisation is required to start on this date so it is force immediately after the expiry of the existing Standard Authorisation.

Signature

Print name

Date

Time

I HAVE INFORMED ANY INTERESTED PERSONS OF THIS REQUEST FOR A FURTHER STANDARD AUTHORISATION *(Please sign to confirm)*