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| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 1a****REQUEST BY A MANAGING AUTHORITY FOR AN EXTENSION TO THE URGENT AUTHORISATION**If Supervisory Body is unable to complete the process to give a Standard Authorisation (which has been requested) to authorise the deprivation of liberty before expiry of the existing Urgent Authorisation  |
| Full name of person being deprived of liberty |  | Sex |
| Date of Birth (or estimated age if unknown) |  |
| **Person to contact and details of care home or hospital (Managing Authority):** |
| Name |  |
| Address (including ward if appropriate) |  |
| Telephone |  |
| Email |  |
| Usual address of the person liable to be deprived of liberty, (if different to above) |  |
| Telephone Number |  |
| Name and address of the Supervisory Body where this form is being sent |  |
| Details of Care Co-ordinator/Care Manager |  |
| Communication Needs and any relevant medical history |  |
| Date of Urgent Authorisation |  |
| A Standard Authorisation has been requested for this person and an Urgent Authorisation is in force. 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**)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):The relevant person have been informed of this request  |
| **PLEASE NOW SIGN AND DATE THIS FORM** ***(signed on behalf of the Managing Authority)*** **and send to the Supervisory Body for authorisation**  |
| Signature |  | Date |  |
| **RECORD THAT THE DURATION OF THIS URGENT AUTHORISATION HAS BEEN EXTENDED BY THE SUPERVISORY BODY****The Managing Authority does not complete this part of the form.** This Urgent Authorisation 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:**PLEASE NOW SIGN AND DATE THIS FORM *(to be signed on behalf of the Supervisory Body)*** |
| Signed |  | Print name |  |
| Position |  |
| Date |  | Time |  |