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| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 2**  **MANAGING AUTHORITY’S REQUEST FOR A FURTHER STANDARD AUTHORISATION** | | | | | | | |
| Full name of person being deprived of their 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 | |  | | | | | |
| **THE DATE FROM WHICH THE FURTHER STANDARD AUTHORISATION IS SOUGHT:**  A further Standard Authorisation is required to start on this date  because the existing Standard Authorisation expires at this time. | | | | | | | |
| **THE NATURE OF THE PROPOSED DEPRIVATION OF LIBERTY AND CONFIRMATION INTERESTED PERSONS HAVE BEEN INFORMED OF THE REQUEST FOR A FURTHER STANDARD AUTHORISATION.** | | | | | | | |
| * Explain why the person is or will not be free to leave and why they are under continuous supervision and continuous control (the acid test). * A RELEVANT CARE PLAN SHOULD BE ATTACHED which should describe the restrictions (including their frequency) you have put/propose to put in place which are necessary to ensure the person receives care and treatment. (It will be helpful if you can describe why less restrictive options are not possible including risks of harm to the person.) it should also included details of personal care, mobility, medication, support with behavioural issues, types of choice the person had and any medical treatment the person is receiving. | | | | | | | |
| **PLEASE NOW SIGN AND DATE THIS FORM (to be signed by the Managing Authority)** | | | | | | | |
| Signature |  | | | Print name |  | | |
| Position |  | | | | | | |
| Date |  | | | Time |  | | |