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| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 7**  **SUSPENSION OF STANDARD AUTHORISATION** |

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| Full name of person being deprived of liberty |  | Sex | |
| Date of Birth (or estimated age if unknown) |  | | |
| **Person to contact and details of 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 |  | | |

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| **NOTICE THAT THE STANDARD AUTHORISATION HAS BEEN SUSPENDED** | |
| The above person no longer meets the eligibility requirement for a standard deprivation of liberty authorisation under the Mental Capacity Act 2005.  The Standard Authorisation previously given is therefore suspended from the time this notice is given.  The effect of this notice is that the standard authorisation no longer authorises the care home or hospital to deprive the person of their liberty. | |
| **REASON WHY THE PERSON NO LONGER MEETS THE ELIGIBILITY REQUIREMENT**  Please select one of the reasons below: | |
| The person is now detained in a hospital under one of the following sections of the Mental Health Act 1983: sections 2, 3, 4, 35–38, 44, 45A, 47, 48 or 51. |  |
| Accommodating the person in this care home or hospital now conflicts with a requirement imposed upon them in connection with their liability to detention under the Mental Health Act 1983. |  |
| Accommodating the person in this care home or hospital now conflicts with a requirement imposed on them under a Community Treatment Order. |  |
| Accommodating the person in this care home or hospital now conflicts with a Guardianship. |  |

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| **PLEASE NOW SIGN AND DATE THIS FORM (on behalf of the Managing Authority)** | | | |
| Signature |  | Print Name |  |
| Position |  | | |
| Date |  | Time |  |

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| **SUSPENSION NOW LIFTED**  **To be completed 28 days following the date the authorisation was suspended** |
| During the previous 28 days, the Managing Authority of this care home or hospital gave the Supervisory Body notice that the above person was no longer eligible to be deprived of their liberty under the Mental Capacity Act 2005. The effect of that notice was to suspend the Standard Deprivation of Liberty Authorisation.  The Managing Authority now gives the Supervisory Body notice that: |
| The person once again meets the eligibility requirement and this suspension has been lifted for the following reasons: |
| 28 days has now lapsed and the suspension has not been lifted therefore the standard authorisation will cease to be in force from (give date): |

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| **PLEASE NOW SIGN AND DATE THIS FORM (on behalf of the Managing Authority)** | | | |
| Signature |  | Print Name |  |
| Position |  | | |
| Date |  | Time |  |