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| Case ID Number:  |
| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 13****RECORD THAT AN EQUIVALENT ASSESSMENT HAS BEEN USED** *This form has been adapted for use by the Eastern Region from the DoH Form 11* |
| **In certain circumstances, it may not be necessary to carry out one or more of the six assessments usually required for a standard authorisation. This form should be used to record that a previous equivalent assessment has been used instead.****Where a previous assessment is relied on, it is treated as having been carried out in connection with the current request for a standard authorisation. Because it stands in place of the one usually now required, it must be copied to the people entitled to receive copies of the assessments used in connection with the current request for a standard authorisation.****Any equivalent assessments being used should be securely attached to this form.** |
| **PART A – BASIC INFORMATION** |
| Full name of the person who is subject to the Standard Authorisation |  |
| Name and address of the care home or hospital stated on the Standard Authorisation  |  |
| Name and address of Supervisory Body | Name |  |
| Address |  |
| Address of the care home or hospital of the person who is being assessed |  |
| **PART B – FORMAL STATEMENT**  |
| The assessments indicated in Part C of this form are not required.In each case where an equivalent assessment is being used:1. the supervisory body already has a written existing assessment of the person
2. the existing assessment complies with all of the requirements that an assessment of that kind must comply with in relation to a standard authorisation
3. the existing assessment was carried out within the previous 12 months or is an age assessment the supervisory body is satisfied that there is no reason why the existing assessment may no longer be accurate.

If an equivalent best interests assessment is being used, before deciding that it was satisfied that there isno reason why the existing best interests assessment may no longer be accurate, the supervisory body tookinto account any information given, or submissions made, by:1. any relevant person’s representative appointed for the person
2. any IMCA instructed for the person in relation to their deprivation of liberty.
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| **PART C – THE EQUIVALENT ASSESSMENT BEING USED**  |
| Where an equivalent assessment is being used, place a cross in the middle column next to the relevant assessment. Then give a brief description of the equivalent assessment in the right-hand column. Forexample, write ‘The attached mental capacity review assessment dated … which was carried out in connection with a review under Part 8 of Schedule A1 to the Mental Capacity Act 2005’. |
| **ASSESSMENT** | **EQUIVALENT BEING USED?** | **DESCRIPTION OF THE EQUIVALENT ASSESSMENT** |
| Mental Health Assessment |  |  |
| Eligibility Assessment  |  |  |
| Mental Capacity Assessment  |  |  |
| Best Interests Assessment  |  |  |
| No Refusals Assessment |  |  |
| **Please sign and date this form. Please make sure that any equivalent assessments being used are securely attached to this form.** |
| Signed *(on behalf of the Supervisory Body):* | Signature |   |
| Print Name |   |
| Date  |   |

**NOTES**

You should give a copy of this form to the person who is co-ordinating all of the assessments required following the recent request for a standard authorisation.

This is because the supervisory body may not give a standard authorisation unless and until it has written copies of all the assessments. This includes having copies of any equivalent assessments that are being used in place of those usually required.