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| Case ID Number:  |
| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 2****REQUEST FOR A FURTHER STANDARD AUTHORISATION*****These forms have been adapted for use by the Eastern Region from the ADASS/DoH DoLS Forms*****PLEASE NOTE BEFORE COMPLETING THIS FORM****This request can only be made 28 days before the expiry date of a current Standard Authorisation. DO NOT USE this form if the Standard Authorisation has expired as you will need to discuss with the Supervisory Body as to what the next course of action to be.** |
| Full name of person being deprived of their liberty |  | Sex |  |
| Date of Birth*(or estimated age if unknown)* |  | Est. Age |  |
| Name and Address of Managing Authority (care home or hospital) requesting this authorisation |  |
| Person to contact at the care home or hospital, (include ward details if appropriate) | Name |  |
| Telephone |  |
| Email |  |
| Ward (*if appropriate)* |  |
| **THE PURPOSE OF THE AUTHORISATION is to enable the following care and / or treatment to be given:***Please describe the care and / or treatment this person is receiving day-to-day and attach a relevant care plan.**Please give as much detail as possible about the type of care the person needs, including personal care, mobility, medication, support with behavioural issues, how much choices the person has and any medical treatment they receive* |
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| **THE DATE FROM WHICH THE STANDARD AUTHORISATION IS SOUGHT:**A further Standard Authorisation is required to start on this date because the existing Standard Authorisation expires at this time. |

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| **OTHER RELEVANT AND ESSENTIAL INFORMATION** |
| *Please include details of any changes in the care plan, medical information, person’s behaviour or visitors since the current Standard Authorisation was given.**Please also include a record of the visits made to the relevant person by the Relevant Person Representative during the course of the Standard Authorisation*  |
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|  |
| Signature |  | Print name |  |
| Position |  |
| Date |  | Time |  |
| **I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A DoLS AUTHORISATION,** *(Please sign and date to confirm)* |  |