



Case ID Number:							
DEPRIVATION OF LIBERTY SAFEGUARDS FORM 10 REVIEW							
Full name of person being deprived of liberty							
Date of Birth (or estimated age if unknown)			Est. Age				
Name and address of care home or hospital where the person is deprived of liberty							
Name and address of organisation or person requesting the review							
Contact details of organisation or person requesting the review	Name						
	Telephone						
	Email						
Name of the Supervisory Body where this form is being sent							
A REVIEW OF THE CURRENT AUTHORISATION IS REQUESTED ON THE FOLLOWING GROUNDS (place a cross in all boxes that apply)							
The person may no longer meet one of the requirements							
The conditions attached to the Standard Authorisation need to be varied because there has been a change in the person's circumstances							
Please give details:							





REVIEW TO CEASE A DOLS AUTHORISATION						
The Managing Authority requests a review, as a result of which the Standard Authorisation will no longer be required. This is on the grounds that the person no longer meets the best interest's requirement.						
The person has left / is due to leave the						
The person is due to be / has been disc						
The person's new address is						
This follows a best interest decision (attached) made on						
It is no longer in their best interest to be accommodated in this care home or hospital because:						
Signed (on behalf of the Managing Authority)	Signature					
	Print Name					
	Position					
	Date					