

Case ID Number:			
<p>DEPRIVATION OF LIBERTY SAFEGUARDS FORM 2</p> <p>REQUEST FOR A FURTHER STANDARD AUTHORISATION</p> <p>(to be submitted up to 28 days in advance of the current Standard Authorisation expiry date)</p>			
Full name of person being deprived of their liberty		Sex	
Date of Birth <i>(or estimated age if unknown)</i>		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 <i>(if appropriate)</i>		
<p>THE PURPOSE OF THE AUTHORISATION is to enable the following care and / or treatment to be given:</p> <p><i>Describe the care / treatment the person is receiving on a day-to-day basis. This will include details of personal care, support, supervision, help with mobility and medication. Types and duration of restraint used if any and descriptions of all care plans, behaviour charts or other indications of the level of the person's care needs.</i></p>			
<p>THE DATE FROM WHICH THE STANDARD AUTHORISATION IS SOUGHT:</p> <p>A further Standard Authorisation is required to start on this date because the existing Standard Authorisation expires at this time. <input style="width: 150px; height: 25px;" type="text"/></p>			

RACIAL, ETHNIC OR NATIONAL ORIGIN			
<i>Place a cross in one box only</i>			
White		Mixed / Multiple Ethnic groups	
Asian / Asian British		Black / Black British	
Not Stated		Undeclared / Not Known	
Other Ethnic Origin (<i>please state</i>)			
THE PERSON'S SEXUAL ORIENTATION			
<i>Place a cross in one box only</i>			
Heterosexual		Homosexual	
Bisexual		Undeclared	
Not Known			
OTHER DISABILITY			
<p><i>While the person must have a mental disorder as defined under the Mental Health Act 1983, there may be another disability that is primarily associated with the person. This is based on the primary client types used in the Adult Social Care returns.</i></p> <p><i>To monitor the use of DoLS, the HSCIC requests information on other disabilities associated with the individual concerned. The presence of "other disability" may be unrelated to an assessment of mental disorder or lack of capacity.</i></p> <p style="text-align: right;"><i>Place a cross in one box only</i></p>			
Physical Disability: Hearing Impairment		Physical Disability: Visual Impairment	
Physical Disability: Dual Sensory Loss		Physical Disability: Other	
Mental Health needs: Dementia		Mental Health needs: Other	
Learning Disability		Other Disability (none of the above)	
No Disability			
RELIGION OR BELIEF			
<i>Place a cross in one box only</i>			
None		Not stated	
Buddhist		Hindu	
Jewish		Muslim	
Sikh		Any other religion	
Christian (includes Church of Wales, Catholic, Protestant and all other Christian denominations)			

OTHER RELEVANT 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.

Signature		Print name	
Position			
Date		Time	
I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A DoLS AUTHORISATION, (Please sign to confirm)			