

Case ID Number:

DEPRIVATION OF LIBERTY SAFEGUARDS FORM 1
REQUEST FOR STANDARD AUTHORISATION AND URGENT AUTHORISATION

Request a **Standard Authorisation** only

Grant an **Urgent Authorisation**

Full name of person being deprived of liberty

Sex

Date of Birth (or estimated age if unknown)

Est. Age

Name and address of the care home or hospital requesting this authorisation:

CQC location ID:

Telephone Number

Person to contact at the care home or hospital, (including ward details if appropriate)

Name

Telephone

Email

Ward (if appropriate)

Usual address of the person, (if different to above)

Telephone Number

How the care is funded

Local Authority
please specify

NHS

Local Authority and NHS (jointly funded)

Self-funded by person

Funded through insurance or other

THE DATE FROM WHICH THE STANDARD AUTHORISATION IS REQUIRED:

If standard only – within 28 days

If an urgent authorisation is also attached – within 7 days

PLEASE NOW SIGN AND DATE THIS FORM			
Signature		Print Name	
Date		Time	
I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A DoLS AUTHORISATION <i>(Please sign to confirm)</i>			

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)			

The person concerned is not, as far as the Managing Authority is aware, subject to an application or order under the Mental Health Act 1983 or, if they are, that order or application does not prevent an Urgent Authorisation being given

The need for the person to be deprived of liberty here is so urgent that it is appropriate for that deprivation to begin immediately before the request for the Standard Authorisation is made or has been determined

AN URGENT AUTHORISATION IS NOW GRANTED

This Urgent Authorisation comes into force immediately.

It is to be in force for a period of: days

The maximum period allowed is seven days.

This Urgent Authorisation will expire at the end of the day on:

Signed		Print name	
Date		Time	

Signature		Date	
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