

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	Name			
review	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 no longer meet the Age, No Refusals, Mental Capacity, Mental Health or Best Interests requirements, or the reason why they meet the requirements has changed				
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, because the person is, or is about to be discharged so 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 care home on				
The person is due to be / has been discharged from hospital on				
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	eaccommodate	d in this car	e home or hospital because:	
Signed (on behalf of the Managing Authority)	Signature			
	Print Name			
	Date			

The remainder of this form will be completed by the Supervisory Body



SUPERVISORY BODY'S DECISION with regard to whether ANY QUALIFYING REQUIREMENTS ARE REVIEWABLE						
The Supervisory Body has decided to refuse the request for a review for the following reasons:						
	s review is the e until:	erefore complete and the existing Standard Authorisation will continue to be in				
					of the qualifying require s were carried out:	ments is reviewable,
	REQUIREM	ENT	MET	NOT MET	CHANGE C	F REASON
Age	requirement					
No F	Refusals requi	rement				
Eligi	bility requirem	nent				
Men	tal Health					
Men	tal Capacity					
Best	Interests req	uirement				
OUTCOME OF REVIEW (select one option below)						
At least one of the requirements were not met and the Standard Authorisation will therefore cease with effect from:						
Based on the assessments that were carried out, the reasons given in the Standard Authorisation as to why the person meets the requirements have been varied as described above.						
All the review assessments carried out concluded that the person continues to meet the requirements to which they relate. The Standard Authorisation continues to be in force until:						
subject to any variation in conditions shown below:						
1						
2						
3						
4						
5						
6						



without the need for a review of best interests or other requirements					
There has not been any <b>significant</b> change in the person's circumstances and any changes there have been do not result in the need to vary the conditions. Therefore the existing conditions remain in force.					
The Supervisory Body has decided to vary the conditions either because of a significant change or because some change has occurred which makes this appropriate. The new conditions are described below.					
1					
2					
3					
4					
5					
6					
Signed (on behalf of the Supervisory Body)	Signature				
(c. solial c. the capervicery body)	Print Name				
	Date				

