

Case ID Number:

DEPRIVATION OF LIBERTY SAFEGUARDS FORM 2

REQUEST FOR A FURTHER STANDARD AUTHORISATION

Full name of person being deprived of their liberty	<i>The name the person was born with + include any middle names</i>	Sex	<i>Male/ Female/Non -binary</i>
Date of Birth (or estimated age if unknown)	<i>Please ensure this is correct</i>	Est. Age	<i>Not needed if the DOB is correct</i>
Name and Address of Managing Authority (care home or hospital) requesting this authorisation	<i>Full name and address of where this person is currently residing including the ward or unit name</i>		
Person to contact at the care home or hospital, (include ward details if appropriate)	Name	<i>The best person who can comment on the person you are applying for a DoLS for.</i>	
	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 or will receive 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, types of choice the person has and any medical treatment they receive.*
- *When did the person move into your establishment?*
- *What care/treatment are you providing – personal care, administering medication etc*
- *Is care being given by one person or more than one?*
- *Is any equipment being used e.g. hoists.*
- *Is the person resistive to support, if so, when and how often?*

THE DATE FROM WHICH THE STANDARD AUTHORISATION IS SOUGHT:

A further Standard Authorisation is required to start on this date so it is force immediately after the expiry of the existing Standard Authorisation.

The date after the current DoLS expires, you can find this on the Form 5

OTHER RELEVANT INFORMATION

Please include details of any changes previously given in Form 1 e.g. in the care plan, medical information, person's behaviour or visitors.

- Please confirm if there have been any changes to the person's care or treatment since the previous authorisation was authorised e.g. reduced mobility, behavioural changes, changes with prescribed medication?*
- Have there been any increased restrictions since the current/previous DoLS was authorised? If so, what are these?*
- Please confirm if the person's representative or paid representative has been maintaining contact with the person who is deprived of their liberty.*
- Please update us if there have been any safeguarding concerns involving the person who is being deprived of their liberty?*

Signature	<i>Please sign this section.</i>	Print name	
Date	<i>Date you are sending in the request.</i>	Time	
I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A FURTHER STANDARD AUTHORISATION <i>(Please sign to confirm)</i>		<i>This confirms that you have told the person's next of kin/ family / relevant people involved about the DoLS renewal.</i>	