



Case ID Number:		
DEPRIVATION OF LIBERTY SAFEGUARDS FORM 5 STANDARD AUTHORISATION GRANTED		
Full name of the person being deprived of liberty		
Name and address of the care home or hospital where the deprivation of liberty is authorised		
Name and address of the Supervisory Body		
Person to contact at the Supervisory Body	Name	
	Telephone	
	Email	
THE SUPERVISORY BODY'S DECISION		
This standard authorisation is to come into force on:		
Date:	<input type="text"/>	Time: <input type="text"/>
This standard authorisation is to expire at the end of the day on:		
Date:	<input type="text"/>	
The reasons for this period are:		
<p><i>(The period specified must not exceed the maximum period specified in the best interests assessment)</i></p>		
THE PURPOSE OF THE AUTHORISATION <i>is to enable the following care or treatment to be given in the hospital or care home.</i>		



CONDITIONS TO WHICH THE STANDARD AUTHORISATION IS SUBJECT:			
This standard authorisation <u>IS NOT</u> subject to any conditions.			
This standard authorisation <u>IS</u> subject to the following conditions set out immediately below, and must be addressed by the body indicated.			
1		Local Authority	
		Managing Authority	
		CHC	
2		Local Authority	
		Managing Authority	
		CHC	
3		Local Authority	
		Managing Authority	
		CHC	
4		Local Authority	
		Managing Authority	
		CHC	
Any additional conditions placed by the Supervisory Body authoriser			
5		Local Authority	
		Managing Authority	
		CHC	
6		Local Authority	
		Managing Authority	
		CHC	



The care home or hospital staff must comply with these conditions. (The Supervisory Body should consult the Best Interests Assessor if their recommendations are not being followed and they have indicated in their assessment report that they would like to be consulted again in that event, since some of the other conclusions that they have reached in their assessment may be affected).

**RECOMMENDATIONS, ACTIONS AND / OR OBSERVATIONS FOR CARE
MANAGER / SOCIAL WORKER / COMMISSIONER / HEALTH PROFESSIONAL**

1		Local Authority	
		Managing Authority	
		CHC	
2		Local Authority	
		Managing Authority	
		CHC	
3		Local Authority	
		Managing Authority	
		CHC	
4		Local Authority	
		Managing Authority	
		CHC	

The authorisation is granted because the Supervisory Body has received written copies of all required assessments and concludes each qualifying requirement is met for the following reasons.

AGE REQUIREMENT

The Supervisory Body has seen evidence to confirm that the person is over 18

NO REFUSALS REQUIREMENT

The person has not made an Advance Decision or appointed a Lasting Power of Attorney for Health and Welfare under the MCA 2005 and no Deputy for Health and Welfare has been appointed by the Court of Protection **or**

Any Advance Decision the person has made does not prevent them being given the treatment proposed, and any decisions made by a donee of a Lasting Power of Attorney or Deputy for Health and Welfare do not conflict with the proposals for their accommodation, treatment or care

MENTAL HEALTH REQUIREMENT

The Supervisory Body has seen current evidence that the person is suffering from a mental disorder within the meaning of the Mental Health Act 1983 (disregarding any exclusion for persons with a learning disability) **or**



An equivalent Mental Health Assessment is being used, dated	
ELIGIBILITY REQUIREMENT	
The Supervisory Body has seen current evidence that accommodating the person is not ineligible to be deprived of liberty by the MCA 2005 by virtue of falling into one of the Cases A-E set out in paragraph 2 of Schedule 1a to the MCA 2005, or	
An equivalent Eligibility Assessment is being used, dated	
MENTAL CAPACITY REQUIREMENT	
The Supervisory Body has seen current evidence that the person lacks capacity to make their own decision about whether they should be accommodated in the care home or hospital for the purposes of being given care and or treatment. This is because of an impairment or disturbance in the functioning of their mind or brain, or	
An equivalent Mental Capacity Assessment is being used, dated	
BEST INTERESTS REQUIREMENT	
The Supervisory Body has seen current evidence provided by the Best Interest Assessor. This confirms that it is in the person's best interests to be deprived of their liberty and that the deprivation is necessary to prevent harm to the person, and the deprivation is a proportionate response to the likelihood of the person suffering harm and the seriousness of that harm, or	
An equivalent Best Interests Assessment is being used, dated	

EVIDENCE OF SUPERVISORY BODY SCRUTINY	
<i>The authoriser should indicate why they concur with the conclusions of the assessors reports and demonstrate overall scrutiny of the process:</i>	
Signed (<i>on behalf of the Supervisory Body</i>)	Signature



	Print Name	
	Date	

APPOINTMENT OF A REPRESENTATIVE - 1st copy to be retained by representative

Details of the person to be appointed
The Supervisory Body appoints the person named below to represent the relevant person, in so doing it confirms that they meet the eligibility requirements of the Deprivation of Liberty Safeguards provisions of the Mental Capacity Act 2005. This person was identified as representative by:

The Relevant Person	
The Best Interests Assessor	
The Best Interests Assessor indicated that they were not able to select an eligible person as representative. It is therefore necessary for the Supervisory Body to select a representative for this person.	
Full name of Relevant Person's Representative	
Address	
Telephone	
Email	
Relationship to Relevant Person	
This appointment lasts for the same period as the Standard Authorisation to which it relates.	

**APPOINTMENT OF A REPRESENTATIVE
2nd copy – to be returned to Supervisory Body**

Details of the person to be appointed
The Supervisory Body appoints the person named below to represent the relevant person, in so doing it confirms that they meet the eligibility requirements of the Deprivation of Liberty Safeguards provisions of the Mental Capacity Act 2005. This person was identified as representative by:

The Relevant Person	
The Best Interests Assessor	
The Best Interests Assessor indicated that they were not able to select an eligible person as representative. It is therefore necessary for the Supervisory Body to select a representative for this person.	
Full name of Relevant Person's Representative	
Address	
Telephone	
Email	
Full name of Relevant Person	



Relationship to Relevant Person		
This appointment lasts for the same period as the Standard Authorisation to which it relates.		
<p>Agreement of the appointed representative: I am willing to be appointed as this person's representative under the Deprivation of Liberty Safeguards provisions of the Mental Capacity Act 2005 and I am aware of the functions that I am expected to perform</p>		
Signed		
Date		

Please now return this page <u>only</u> to the Supervisory Body indicated below		
Name and address of the Supervisory Body		
Person to contact at the Supervisory Body	Name	
	Telephone	
	Email	