

Case ID Number:		
DEPRIVATION OF LIBERTY SAFEGUARDS FORM 11		
IMCA REFERRAL		
Full name of person being deprived of, or being assessed, to be deprived of liberty	Name	
Name and address of the care home or hospital where the person is being deprived of, or being assessed to be deprived of liberty	Name	
	Address	
Person to contact at the care home or hospital, (include ward details if appropriate)	Name	
	Telephone	
	Email	
	Ward (if appropriate)	
Name of the Supervisory Body instructing the IMCA	Name	
Contact person at Supervisory Body to receive IMCA submissions	Name	
	Telephone	
	Email	
IMCA Service to which this referral is being made	Name	
	Address	
CONTACT DETAILS OF THE ASSESSORS		
Mental Health Assessor	Name	
	Telephone	
	Email	
Best Interests Assessor	Name	
	Telephone	
	Email	

TYPE OF IMCA INSTRUCTION		(place a cross in one box)
39A	An Urgent Authorisation has been given, or a request for a Standard Authorisation has been made, and the Managing Authority is satisfied that there is nobody whom it would be appropriate to consult in determining what would be in the person's best interests (excluding people engaged in providing care or treatment for the person in a professional capacity or for remuneration).	
	An assessor has been appointed to determine whether or not there is an unauthorised deprivation of liberty, and the Managing Authority is satisfied that there is nobody whom it would be appropriate to consult in determining what would be in the person's best interests (excluding people engaged in providing care or treatment for the person in a professional capacity or for remuneration).	
39C	The person who is deprived of liberty is temporarily without a relevant person's representative	
39D	The person who is deprived of liberty has an unpaid representative who has requested the support of an advocate	
	The relevant person will benefit from the support of an advocate	
	The relevant person's representative will benefit from the support of an advocate	
	Without the help of an IMCA, the person / RPR would be <ul style="list-style-type: none"> i. unable or unlikely to apply to Court or request a review or ii. they have already have failed to do so when it would have been reasonable to. 	
If applicable, state the anticipated duration of the IMCA role:		
The Supervisory Body should consider attaching any documents it believes will assist the work of an IMCA. The following documents are attached:		
Signed (on behalf of the Supervisory Body)	Name	
	Print Name	

	Date	
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