

Case ID Number:			
<b>DEPRIVATION OF LIBERTY SAFEGUARDS FORM 6</b>			
<b>STANDARD AUTHORISATION NOT GRANTED</b>			
Full name of the person who has been assessed			
Name and address of the care home or hospital who requested the authorisation			
Name and address of the Supervisory Body			
Person to contact at the Supervisory Body	Name		
	Telephone		
	Email		
<b>THE SUPERVISORY BODY'S DECISION</b>			
The relevant Managing Authority made a request for a Standard Authorisation which was received on:			
Date:		<input style="width: 100%;" type="text"/>	
Time:		<input style="width: 100%;" type="text"/>	
The Supervisory Body is prohibited from giving a Standard Authorisation in relation to that request.			
This is because the person was assessed as not meeting the following qualifying requirement(s) for being deprived of liberty under Schedule A1 to the Mental Capacity Act 2005:			
<b>Note:</b> <i>there may be no completed assessment of some of the requirements. This is because when a person fails one requirement, a standard authorisation may not be given and all other on-going assessments must stop.</i>			
<b>The following requirements are not met:</b>			
<b>REQUIREMENT</b>	<b>NOT MET</b>	<b>REQUIREMENT</b>	<b>NOT MET</b>
Age requirement		No Refusals requirement	
Mental Health requirement		Eligibility requirement	
Mental Capacity requirement		Best Interests requirement	
Not assessed ( <i>State reasons for not assessing in box i.e. deceased, moved, discharged</i> ):			

**EVIDENCE OF SUPERVISORY BODY SCRUTINY**

*The authoriser should indicate why they concur with the conclusions of the Assessors' reports and demonstrate overall scrutiny of the process:*

**IF THERE APPEARS TO BE AN UNAUTHORISED DEPRIVATION OF LIBERTY**

The best interests assessment report included a statement that it appeared to the assessor that this person is, or is likely to be, subject to an unauthorised deprivation of liberty.

*The authoriser should now consider whether an Adult Safeguarding referral should be made, if not already made by the Best Interest Assessor and whether an application to the High Court or Court of Protection should be made.*

Signed (*on behalf of the Supervisory Body*)

Signature

Print Name

Date