

Case ID Number:

**DEPRIVATION OF LIBERTY SAFEGUARDS FORM 2
REQUEST FOR A FURTHER STANDARD AUTHORISATION**

Full name of person being deprived of their liberty		Sex	
Date of Birth <i>(or estimated age if unknown)</i>		Est. Age	
Name and Address of Managing Authority (care home or hospital) requesting this authorisation			
Person to contact at the care home or hospital, (include ward details if appropriate)	Name		
	Telephone		
	Email		
	Ward <i>(if appropriate)</i>		

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.*

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.

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 select all that apply

The person has made an attempt to leave the building	
The person has stated they wish to leave	
The person presents with challenging behaviour during personal care routines	
The person's family object to the placement	
The person has no family or friends to consult as part of the DoLS process	
The person receives 1:1 due to challenges during delivery of the care regime	
The person is physically or medically restrained at times to manage their behaviour	
The person's behaviour poses a risk to others	
The person's behaviour poses a risk to themselves	
There have been safeguarding concerns raised for this person	
Medication is administered covertly	

Signature		Print name	
Date		Time	

I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A FURTHER STANDARD AUTHORISATION *(Please sign to confirm)*