



Case ID Number:					
DEPRIVATION OF LIBERTY SAFEGUARDS FORM 10 REVIEW					
Full name of person being deprived of liberty					
Date of Birth (or estimated age if unknown)			Est. Age		
Name and address of care home or hospital where the person is deprived of liberty					
Name and address of organisation or person requesting the review					
Contact details of organisation or person requesting the	Name				
review	Telephone				
	Email				
Name of the Supervisory Body where this form is being sent					
A REVIEW OF THE CURRENT AUTHORISATION IS REQUESTED ON THE FOLLOWING GROUNDS (place a cross in all boxes that apply)					
The person no longer meet the Age, No Refusals, Mental Capacity, Mental Health or Best Interests requirements, or the reason why they meet the requirements has changed					
The conditions attached to the Standard Authorisation need to be varied because there has been a change in the person's circumstances					
Please give details:					





REVIEW TO CEASE A DOLS AUTH	HORISATION	
The Managing Authority requests a revision the Standard Authorisation will no longer meets the best interest's requ	nger be required. The	
The person has left / is due to leave the	care home on	
The person is due to be / has been disc	harged from hospital	on
The person's new address is		
This follows a best interest decision (attached) made on		
It is no longer in their best interest to be		s care nome of nospital because.
Signed (on behalf of the Managing Authority)	Signature	
(on behalf of the Managing Authority)	Print Name	
	Date	

The remainder of this form will be completed by the Supervisory Body





SUPERVISORY BODY'S DECISION with regard to whether ANY QUALIFYING REQUIREMENTS ARE REVIEWABLE							
The	Supervisory E	Body has de	ecided to r	efuse the req	uest for a rev	iew for the fol	lowing reasons:
	s review is therefore complete and the existing Standard Authorisation will continue to be in ce until:						
	The Supervisory Body has decided that at least one of the qualifying requirements is reviewable, as a result of which the following review assessments were carried out: REQUIREMENT MET NOT MET CHANGE OF REASON						
Δηρ	requirement	EIN I	MET	NOT MET		TANGE OF I	KEASUN
	Refusals requi	rement					
	bility requirem						
	tal Health	10111					
	tal Capacity						
Best	Interests requ	uirement					
OU	TCOME OF	REVIEW	(select o	ne option b	elow)		
	east one of the effect from:	e requireme	ents were i	not met and tl	ne Standard /	Authorisation v	will therefore cease
Based on the assessments that were carried out, the reasons given in the Standard Authorisation as to why the person meets the requirements have been varied as described above.							
requ		hich they re	elate. The	Standard Au		person continues to be	nues to meet the in force until:
1							
2							
3							
4							
5							
6						-	





REVIEW OF CONDITIONS – Please note that the conditions can be reviewed alone without the need for a review of best interests or other requirements						
There has not been any significant changes there have been do not result existing conditions remain in force.						
The Supervisory Body has decided to change or because some change has conditions are described below.	vary the condit occurred which	ions either because of a significant n makes this appropriate. The new				
1						
2						
3						
4						
5						
6						
Signed (on behalf of the Supervisory Body)	Signature					
(on benail of the Supervisory body)	Print Name					
	Date					