

|   |                              |          |  |
|---|------------------------------|----------|--|
| Case ID Number:   |                              |          |  |
| <b>DEPRIVATION OF LIBERTY SAFEGUARDS FORM 2<br/>REQUEST FOR A FURTHER STANDARD AUTHORISATION</b>  |                              |          |  |
| Full name of person being deprived of their liberty   |                              | Sex      |  |
| Date of Birth<br><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> |          |  |
| <p><b>THE PURPOSE OF THE AUTHORISATION is to enable the following care and / or treatment to be given:</b></p> <ul style="list-style-type: none"> <li>• <i>Please describe the care and / or treatment this person is receiving or will receive day-to-day and attach a relevant care plan.</i></li> <li>• <i>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.</i></li> </ul> |                              |          |  |
| <p><b>THE DATE FROM WHICH THE STANDARD AUTHORISATION IS SOUGHT:</b></p> <p>A further Standard Authorisation is required to start on this date so it is force immediately after the expiry of the existing Standard Authorisation.</p> <div style="border: 1px solid black; width: 200px; height: 25px; display: inline-block;"></div>   |                              |          |  |

**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.*

|   |  |            |  |
|---|--|------------|--|
| Signature   |  | Print name |  |
| Date  |  | Time       |  |
| <b>I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A FURTHER STANDARD AUTHORISATION</b> <i>(Please sign to confirm)</i> |  |            |  |