

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	Please enter the full address details		
Person to contact at the care home or hospital, (include ward details if appropriate)	Name		
	Telephone		
	Email		
	Ward <i>(if appropriate)</i>		
<p>THE PURPOSE OF THE AUTHORISATION is to enable the following care and / or treatment to be given:</p> <ul style="list-style-type: none"> <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> <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> <p>As well as giving a brief outline of the care and/or treatment you are providing this section should be person centred and explain what the impact of the care and treatment is for that person and what their attitude is to this. Is the person accepting or not of some or part of the care and/or treatment? Please provide details.</p> <p>Please advise of any covert medication plans in place.</p> <p>Please detail any contact the person has with friends and family and in particular any concerns or issues in relation to this.</p> <p>South Gloucestershire Supervisory Body do not require an attached care plan.</p>			
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.			

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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 give details of any changes since the DoLS authorisation was made.

Please include any changes to contact with family and friends. If the person does not have anyone other than professionals who are suitable to consult, please advise. This is important as it will inform the decision to allocate an IMCA.

Please advise of any issues in relation to the Relevant Person's Representative, who should have made regular contact throughout the existing authorisation. Please advise of any concerns in relation to the identified RPR being able to carry out their role.

Signature	Please sign and date	Print name	
Date		Time	
I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A FURTHER STANDARD AUTHORISATION <i>(Please sign to confirm)</i>		Please sign to confirm that you have informed interested parties.	