

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Room Number: \_\_\_\_\_ **System Number: 21.062**

**Deprivation of Liberty Safeguards**

Does the service user have capacity to consent to care and treatment planned? Yes  No  (if they have mental capacity to make decisions then they cannot be deprived of their liberty)

You must be familiar with the deprivation of liberty safeguards code of practice as these list the factors which may indicate a deprivation of liberty.

Is the service user subject to continuous supervision and control? Yes  No

Is the service user free to leave? Yes  No

**Deprivation of liberty** - if a service user is lacking capacity to consent to their care and treatment and is subject both to continuous supervision and control and is not free to leave.

Could the service user's needs be kept in a less restrictive way? Yes  No

**It may not be a deprivation of liberty** - if the service user is not monitored all the time and is able to make decisions about what to do and when, that are not subject to agreement by others (even though the service user is not free to leave)

**Application**

If you believe that any of the care detailed in the care plans will deprive a service user of their liberty, and it cannot be done in a less restrictive way, then you must apply to the local authority for assessment.

Is an application for authorisation required?

No  - an application is not required at this time. Please review as necessary. Yes  - an application to the supervisory body is required. Please continue.

If the answer is yes, is the need for the service user to be deprived of their liberty so urgent that it has to start immediately?

No  - the managing authority needs to apply to the supervisory body for a standard authorisation Yes  - the managing authority should give an urgent authorisation itself and apply to the supervisory body for a standard authorisation. Commence care plan

Date DoLS request form was sent: \_\_\_\_\_ If the application is approved then CQC must be informed.

**Other considerations**

Has the service user and relevant others e.g. family members, advocates etc. been informed of the urgent/standard application? Yes  No  Date informed: \_\_\_\_\_

Is the service user aware of their right to appeal against this application? Yes  No

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Room Number: \_\_\_\_\_

**Application Outcome**

Date outcome received: \_\_\_\_\_

Has authorisation been granted by the supervisory body?

No  - review service user's care plan to ensure any unauthorised deprivation of liberty does not commence or continue

Yes  - for how long has deprivation of liberty been authorised:

Date for renewal of request: \_\_\_\_\_

Please detail any conditions attached to authorisation (adapt care plan as necessary):

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Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Date/Time: \_\_\_\_\_

It is important that you are familiar with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DOLS) Code of Practice. Further information can be found at [www.publicguardian.gov.uk](http://www.publicguardian.gov.uk)