

Case ID Number:														
<b>DEPRIVATION OF LIBERTY SAFEGUARDS FORM 2</b>														
<b>REQUEST FOR A FURTHER STANDARD AUTHORISATION</b>														
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>													
<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>Please confirm how the client's care is currently funded:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">Local Authority <i>Please specify</i></th> <th style="width: 20%;">NHS</th> <th style="width: 20%;">Local Authority and NHS (joint funded)</th> <th style="width: 20%;">Self – funded by client</th> <th style="width: 20%;">Funded through Insurance</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Local Authority <i>Please specify</i>	NHS	Local Authority and NHS (joint funded)	Self – funded by client	Funded through Insurance					
Local Authority <i>Please specify</i>	NHS	Local Authority and NHS (joint funded)	Self – funded by client	Funded through Insurance										
<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. <span style="float: right; border: 1px solid black; display: inline-block; width: 150px; height: 25px; vertical-align: middle;"></span></p>														

--

**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>			

