

Case ID Number:			
DEPRIVATION OF LIBERTY SAFEGUARDS FORM 10			
REVIEW			
Full name of person being deprived of liberty			
Date of Birth <i>(or estimated age if unknown)</i>		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 review	Name		
	Telephone		
	Email		
Name of the Supervisory Body where this form is being sent	Stockton Borough Council		
A REVIEW OF THE CURRENT AUTHORISATION IS REQUESTED ON THE FOLLOWING GROUNDS			
<i>(place a cross in all boxes that apply)</i>			
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			
<i>Please give details:</i>			

REVIEW TO CEASE A DOLS AUTHORISATION		
The Managing Authority requests a review, because the person is, or is about to be discharged so the Standard Authorisation will no longer be required. This is on the grounds that the person no longer meets the best interest's requirement.		
The person has left / is due to leave the care home on		
The person is due to be / has been discharged 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 accommodated in this care home or hospital because:		
Signed <i>(on behalf of the Managing Authority)</i>	Signature	
	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 Body has decided to refuse the request for a review for the following reasons:

This review is therefore complete and the existing Standard Authorisation will continue to be in force 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
Age requirement			
No Refusals requirement			
Eligibility requirement			
Mental Health			
Mental Capacity			
Best Interests requirement			

OUTCOME OF REVIEW (select one option below)

At least one of the requirements were not met and the Standard Authorisation will therefore cease with effect from:

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.

All the review assessments carried out concluded that the person continues to meet the requirements to which they relate. The Standard Authorisation continues to be in force until:

subject to any variation in conditions shown below:

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 change in the person's circumstances and any changes there have been do not result in the need to vary the conditions. Therefore the existing conditions remain in force.		
The Supervisory Body has decided to vary the conditions either because of a significant change or because some change has occurred which makes this appropriate. The new conditions are described below.		
1		
2		
3		
4		
5		
6		
Signed (Assessor)	Signature	
	Print Name	
Signed (on behalf of the Supervisory Body)	Signature	
	Print Name	
	Date	