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| --- | --- | --- | --- | --- | --- | --- | --- |
| Case ID Number: | | | | | | | |
| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 7**  **SUSPENSION OF AUTHORISATION** | | | | | | | |
| Full name of the person who is subject to the standard authorisation | |  | | | | | |
| Date of birth *(or estimated age if unknown)* | |  | | | *Est. Age* |  | |
| Name and address of the care home or hospital stated on the Standard Authorisation Granted | |  | | | | | |
| Person to contact at the care home or hospital, (include ward details if appropriate) | | Name | |  | | | |
| Telephone | |  | | | |
| Email | |  | | | |
| Ward | |  | | | |
| Current location of the person who is subject to the standard authorisation | |  | | | | | |
| Name of the Supervisory Body | |  | | | | | |
| **NOTICE THAT THE STANDARD AUTHORISATION HAS BEEN SUSPENDED** | | | | | | | |
| The above person no longer meets the eligibility requirement for a standard deprivation of liberty authorisation under the Mental Capacity Act 2005.  The standard authorisation previously given is therefore suspended from the time this notice is given.  The effect of this notice is that the standard authorisation no longer authorises the care home or hospital to deprive the person of their liberty. | | | | | | | |
| **REASON WHY THE PERSON NO LONGER MEETS THE ELIGIBILITY REQUIREMENT**  *Please select one of the reasons below:* | | | | | | | |
| The person is now detained in a hospital under one of the following sections of the Mental Health Act 1983: sections 2, 3, 4, 35–38, 44, 45A, 47, 48 or 51. | | | | | | |  |
| Accommodating the person in this care home or hospital now conflicts with a requirement imposed upon them in connection with their liability to detention under the Mental Health Act 1983. | | | | | | |  |
| Accommodating the person in this care home or hospital now conflicts with a requirement imposed on them under a Community Treatment Order. | | | | | | |  |
| Accommodating the person in this care home or hospital now conflicts with a Guardianship Order | | | | | | |  |
| Signed  *(on behalf of the Managing Authority):* | Signature | |  | | | | |
| Print Name | |  | | | | |
| Position | |  | | | | |
| Date | |  | | | | |

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| --- | --- | --- | --- |
| **SUSPENSION NOW LIFTED – to be completed 28 days after the date shown above** | | | |
| During the previous 28 days, the Managing Authority of this care home or hospital gave the Supervisory Body notice that the above person was no longer eligible to be deprived of their liberty under the Mental Capacity Act 2005. The effect of that notice was to suspend the standard deprivation of liberty authorisation.  The Managing Authority now gives the Supervisory Body notice that:  (*Place a cross in one box only*) | | | |
| The person once again meets the eligibility requirement and this suspension has been lifted for the following reasons: | | |  |
| 28 days has now lapsed and the suspension has not been lifted therefore the standard authorisation will cease to be in force from (*give date*): | | |  |
| Signed  *(on behalf of the Managing Authority)* | Signature |  | |
| Print Name |  | |
| Position |  | |
| Date |  | |