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| --- | --- | --- | --- |
| Case ID Number: | | | |
| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 11**  **IMCA REFERRAL** | | | |
| Full name of person being deprived of, or being assessed, to be deprived of liberty | Name | |  |
| Name and address of the care home or hospital where the person is being deprived of, or being assessed to be deprived of liberty | Name | |  |
| Address | |  |
| Person to contact at the care home or hospital, (include ward details if appropriate) | Name | |  |
| Telephone | |  |
| Email | |  |
| Ward (if appropriate) | |  |
| Name of the Supervisory Body instructing the IMCA | Name | |  |
| Contact person at Supervisory Body to receive IMCA submissions | Name | |  |
| Telephone | |  |
| Email | |  |
| IMCA Service to which this referral is being made | Name | |  |
| Address | |  |
| **CONTACT DETAILS OF THE ASSESSORS** | | | |
| Mental Health Assessor | Name |  | |
| Telephone |  | |
| Email |  | |
| Best Interests Assessor | Name |  | |
| Telephone |  | |
| Email |  | |

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| --- | --- | --- | --- | --- | --- |
| **TYPE OF IMCA INSTRUCTION** *(place a cross in one box)* | | | | | |
| 39A | An urgent authorisation has been given, or a request for a standard authorisation has been made, and the Managing Authority is satisfied that there is nobody whom it would be appropriate to consult in determining what would be in the person’s best interests (excluding people engaged in providing care or treatment for the person in a professional capacity or for remuneration). | | | |  |
| An assessor has been appointed to determine whether or not there is an unauthorised deprivation of liberty, and the Managing Authority is satisfied that there is nobody whom it would be appropriate to consult in determining what would be in the person’s best interests (excluding people engaged in providing care or treatment for the person in a professional capacity or for remuneration). | | | |  |
| 39C | The person who is deprived of liberty is temporarily without a relevant person’s representative. | | | |  |
| 39D | The person who is deprived of liberty has an unpaid representative who has requested the support of an advocate. | | | |  |
| The relevant person will benefit from the support of an advocate. | | | |  |
| The relevant person’s representative will benefit from the support of an advocate. | | | |  |
| If applicable, state the anticipated duration of the IMCA role: | | | |  | |
| The Supervisory Body should consider attaching any documents it believes will assist the work of an IMCA. The following documents are attached: | | | | | |
| Signed  *(on behalf of the Supervisory Body)* | | Name |  | | |
| Print Name |  | | |
| Position |  | | |
| Date |  | | |