



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Standard forms and letters for the Mental Capacity Act Deprivation of Liberty Safeguards

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Standard Forms and Letters for the Mental Capacity Act Deprivation of Liberty Safeguards

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Introduction

From 1 April 2009 any care home or hospital treating or caring for a person in such a way that they are depriving that person of their liberty is required to seek authority to do so. Both the “Guidance for Supervisory Bodies” and “Guidance for Managing Authorities” explain the process that must be followed in order to obtain authorisation if there is not already authority given by the court.

This guidance contains information about the recommended forms and letter that may be used in the authorisation process. It should be noted that these forms and letters are not prescribed by statute and are simply suggested documents designed to ensure that the correct processes are followed according to the requirements of the deprivation of liberty safeguards. Whilst there is no legislative requirement to use these standard forms or letters they cover the record-keeping and notice-giving that is required by statute and therefore their use in unedited form will help to ensure compliance with the safeguards and also promote a consistent approach to record-keeping.

Managing authorities, supervisory bodies, and assessors may wish to adapt these forms and letters, to accommodate their own record keeping policies and arrangements.

Terminology used in this Guidance

Throughout this guidance the Mental Capacity Act 2005 is referred to as ‘the Act’. Where there are references to other statutes, the relevant Act is clearly indicated. A note of some of the other terms used in this guidance is as follows:

- The safeguards – unless noted otherwise this refers to the Mental Capacity Act Deprivation of Liberty Safeguards (as provided in Schedule A1 and 1A to the Act).
- The managing authority – this is the care home or hospital that may need to obtain an authorisation.
- The supervisory body – this is the body that is responsible for giving the standard authorisation.
- The relevant person – this is the person who is being cared for or treated and may be deprived of their liberty.
- IMCA – this is an Independent Mental Capacity Advocate (established under the Act, and someone who provides support and representation for a person who lacks capacity to make specific decisions)
- The MCA Code of Practice – this is the main ‘*Mental Capacity Act 2005 Code of Practice*’ published in 2007
- The Code of Practice – unless noted otherwise this denotes the ‘*Deprivation of liberty safeguards: Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice*’ (published August 2008)

- Guidance for Managing Authorities – this is the Welsh Assembly Government’s “Guidance for Managing Authorities working within the Mental Capacity Act Deprivation of Liberty Safeguards”
- Guidance for Supervisory Bodies – this is the Welsh Assembly Government’s “Guidance for Supervisory Bodies working with the Mental Capacity Act Deprivation of Liberty Safeguards”.
- The Assessment Regulations – this refers to the *Mental Capacity (Deprivation of Liberty: Assessments, Standard Authorisations and Disputes about Residence) (Wales) Regulations 2009*
- The Representative Regulations – this refers to the *Mental Capacity (Deprivation of Liberty: Appointment of Relevant Person’s Representative) (Wales) Regulations 2009*

Publishing information

The guidance booklets, the standard forms and letters, and the information leaflets are available in both English and in Welsh.

If you wish to suggest amendments for a future edition of the guidance booklets, forms, letter or leaflets, please email mentalhealthpolicymailbox@wales.gsi.gov.uk




Summary of forms

Form	Title of form	Summary of form
SA1	Request made by the managing authority for a standard authorisation	For managing authority (and where applicable the new managing authority) to request a standard authorisation
SA2	Request for consideration of potential unauthorised deprivation of liberty	For a third party to notify the supervisory body of an apparent unauthorised deprivation of liberty
SA3	Provision of information by managing authority	Where Form SA2 has been used, this form will enable a managing authority to provide the supervisory body with the information they would have given if Form SA1 had been used
SA4	Standard authorisation	For supervisory body to authorise the detention of the relevant person under the safeguards
SA5	Request for further authorisation	For the managing authority to seek further authorisation at the expiry of the current authorisation
SA6	Request for review of the standard authorisation	For the managing authority to request the supervisory body to review the standard authorisation
SA7	Variation to standard authorisation	For the supervisory body to vary the standard authorisation
SA8	Notification regarding eligibility requirement	For the managing authority to notify the supervisory body the eligibility requirement is (temporarily at least) no longer met
SA9	Suspension of standard authorisation	For the supervisory body to notify certain persons the authorisation has been suspended because the eligibility requirement is no longer met
SA10	End of suspension of standard authorisation	For the supervisory body to notify certain persons the authorisation is no longer suspended
SA11	Termination of standard authorisation	For the supervisory body to notify the managing authority that the standard authorisation has come to an end
UA1	Urgent authorisation	For the managing authority to authorise a deprivation of liberty under Part 5 of the safeguards
UA2	Request to extend urgent authorisation	For the managing authority to request extension of period of urgent authorisation
UA3	Extension of urgent authorisation	For the supervisory body to notify the managing authority of extension of urgent authorisation
AS1	Record of assessment of age requirement	Record of assessment undertaken by the age assessor
AS2	Record of assessment of mental health requirement	Record of assessment undertaken by the mental health assessor
AS3	Record of assessment of mental capacity requirement	Record of assessment undertaken by the mental capacity assessor

Form	Title of form	Summary of form
AS4	Record of assessment of best interests requirement	Record of assessment undertaken by the best interests assessor
AS5	Record of assessment of eligibility requirement	Record of assessment undertaken by the eligibility assessor
AS6	Record of assessment of no refusals requirement	Record of assessment undertaken by the no refusals assessor
AS7	Record of assessment of unauthorised deprivation of liberty	Record of assessment undertaken by a best interests assessor regarding a potential unauthorised deprivation of liberty
RP1	Selection of the Relevant Person's Representative	For the best interests assessor to record the selection, and approval or recommendation, of the representative to the supervisory body
RP2	Appointment of the Relevant Person's Representative	Used by the supervisory body to record the appointment of the relevant person's representative
RP3	Termination of the appointment of the Relevant Person's Representative	Used by the supervisory body to record the termination of the appointment of the relevant person's representative

Guidance for completion of specific forms

These guidance notes do not cover all of the processes to be followed under the safeguards and should be read in conjunction with the Guidance for Supervisory Bodies and Guidance for Managing Authorities as applicable.

-  Indicates how many pages comprise each form
-  Indicates who should complete the form
-  Alerts the reader to the different Parts of a form, and their purpose, if applicable




There are four groups of Forms:

SA1 to SA11	Standard Authorisation Forms
UA1 to UA3	Urgent Authorisation Forms
AS1 to AS7	Assessment Forms
RP1 to RP3	Representative Forms

Standard Authorisation Forms

Forms SA1 to SA11 are used in connection with the processes for requesting and authorising a standard authorisation; they also provide for the variation, suspension and termination of an authorisation.

Form SA1 Request made by the managing authority for a standard authorisation

-  This form consists of four pages
-  Completed by the managing authority and sent to the supervisory body
-  The form is in three parts:
 - Part 1 is to be completed in all cases;
 - Part 2 is to be completed in addition to Part 1 in cases where a standard authorisation is already in place but the place of detention will be changing;
 - Part 3 is to be completed in addition to Part 1 in cases where a deprivation of liberty has been authorised by the Court of Protection under section 4A(3) of the Mental Capacity Act, but this order is due to expire.

This form is used where the managing authority is seeking a standard authorisation from the supervisory body. Authorisation will be required if the managing authority is caring or treating for a person who does not have capacity and it is necessary to do so in such a way that the person will be deprived of their liberty. When the supervisory body receives this form they will instruct assessors who will carry out various assessments to determine whether authorisation should be given. It is therefore important that the managing authority completes this form with as much relevant information as it can and, particularly with any information that will help the assessor to make an accurate assessment. For example the supervisory body should be made aware of any communications needs the relevant person may have. If the supervisory body is made aware of such matters it can aim to ensure that the assessor(s) have the necessary skills in order to communicate with the relevant person, or provide that an interpreter is available to assist in the process.

Notes for completion of Part 1

In the case of a care home the supervisory body will be the local authority in the area in which the home is situated. For hospitals the supervisory body will usually be the Local Health Board for that area (for more details see the Guidance for Managing Authorities booklet).

The managing authority must give details about the relevant person and explain why they consider that the relevant person is being, or will be, detained in circumstances which amount to a deprivation of liberty. In considering what a deprivation of liberty is the managing authority should read chapter 2 of the Code of Practice.

A standard authorisation may only be given if the assessors conclude that the relevant person meets all of the qualifying requirements. The managing authority must therefore consider each of the requirements and decide whether, in their opinion, the relevant person is likely to be assessed as satisfying all of these requirements. Any information or documentations in support of these reasons, must, if available, be included with the request.

The requirements are the:

- age requirement
- mental health requirement
- mental capacity requirement
- best interests requirement
- eligibility requirement
- no refusals requirement

Further guidance about these requirements is contained in the “Guidance for Managing Authorities” and the sections in this guidance dealing with the assessment forms (AS1 to AS6).

The managing authority must give the names, addresses and telephone numbers of all the relevant people who have an interest in the welfare of the relevant person. This could include:

- people who should be consulted about the person’s welfare
- people who are engaged in caring for the person
- any donee of a lasting power of attorney granted by the person
- any deputy appointed for the person by the Court of Protection
- any Independent Mental Capacity Advocate (IMCA) instructed under the Act

The views of the relevant person about who to consult should be taken into account.

If there is no one with whom the supervisory body should consult, this should be drawn to the attention of the supervisory body who will then instruct an IMCA to represent and support the relevant person before any assessments take place.

If the relevant person has made a valid and applicable advance decision a copy of a written decision should be attached, or information regarding an oral decision should be included.

Notes for completion of Part 2


In these circumstances the managing authority of the new place of detention should

complete Parts 1 and 2 of this form.

Notes for completion of Part 3

It would be helpful for a copy of the order to be attached to the request form.

Form SA2 Request for consideration of potential unauthorised deprivation of liberty

 This form consists of two pages


 Completed by anybody other than the managing authority

This form is a request to the supervisory body to decide whether there is an unauthorised deprivation of liberty and may be completed by any person who believes that the relevant person is being unlawfully detained. Any person who has concerns is advised to raise them directly with the managing authority. The managing authority may decide to make a request for authorisation or to take other steps to address these concerns. If these concerns are not addressed then that person has the right to ask the supervisory body to investigate the circumstances in which that person is being detained and confirm whether or not there is an unauthorised deprivation of liberty.

The supervisory body will only instruct an assessor to make further enquiries if there appear to be grounds to suggest that there is an unauthorised deprivation of liberty. It is therefore important that the form contains as much detail as possible about why the person has concerns and it is helpful if this is supported by other relevant documentation. The author of the form may continue on more than one page if necessary. The supervisory body may only investigate where there may be an unauthorised deprivation of liberty and general concerns about the care that the relevant person is receiving should be directed to the appropriate body.

Form SA3 Provision of information by the managing authority


 This form consists of three pages


 Completed by the managing authority

If a request has been made to the supervisory body on Form SA2 and the supervisory body has decided that there is an unauthorised deprivation of liberty the managing authority must provide the same information that it would have had to provide if it had made a request for a standard authorisation. This form may be used to send that information to the supervisory body.

Most of the information required is the same as in SA1 and the guidance notes for completing that form also apply to this form. Unless the managing authority is no longer caring for the relevant person in a way that deprives them of their liberty they may give an urgent authorisation until the standard authorisation has been given. In such a case a copy of this urgent authorisation must be attached to this form.

Form SA4 Standard authorisation

 This form consists of 3 pages

 Completed by the supervisory body

This form is the authority under which the relevant person may be deprived of their liberty. It will be sent to the managing authority, together with copies of each of the six assessments. Copies of the authorisation are also sent to the relevant person, the person who is appointed as his or her representative, any section 39A IMCA and any person who has been consulted by the best interests assessor.

Notes for completion

The authorisation must state the name of the relevant person and the name of the relevant hospital or care home.

Duration - the relevant dates must be inserted to show the duration of the authorisation, it is not sufficient to merely record the number of days, weeks or months of the authorisation. It must have a start date (which can be in advance of the authorisation being made) and an end date (which cannot exceed the maximum authorisation period recommended by the best interests assessor).

Purpose - insert the purpose of the authorisation; the purpose will be to enable the relevant person to be given care or treatment in circumstances which amount of a deprivation of liberty and as such the supervisory body should set out the nature and form of that care or treatment.

Conditions – if no conditions are to be attached to the authorisation, the second indent should be deleted and the box below struck through. If conditions are to be attached, regard must be had to the recommendations of the best interests assessor in this respect.

Reasons for meeting the qualifying requirements – insert the reason that each of the six qualifying requirements are met. When providing the reason for the eligibility assessment this should be framed by reference to the cases in the table in paragraph 2 of Schedule 1A.

The form should be signed and dated. When it is sent to the managing authority, and copy recipients, copies of the relevant assessments must be attached.

Form SA5 Request for further authorisation

 This form consists of three pages

 Completed by the managing authority and sent to the supervisory body.

This form is used where the managing authority is seeking a further standard authorisation from the supervisory body. The guidance notes for Form SA1 above will be of relevance here also.

Note: Regulation 13(3) of the Assessment Regulations provides that if the information provided in the initial request for a standard authorisation (using Form SA1 for example) is unchanged it does not need to be provided again in the request for a further authorisation. Therefore if the information is the same simply write against the relevant box “as set out in request made [date]”.

Form SA6 Request for review of a standard authorisation

 This form consists of two pages

 Completed by the managing authority and sent to the supervisory body

This form may be used to request the supervisory body to carry out a review of the standard authorisation. It may be used where the managing authority is required to ask the supervisory body to review the authorisation or where the relevant person or their representative is exercising their right to ask the supervisory body to carry out a review.

This form should be used if a review is required because the relevant person no longer meets the qualifying requirements or if the basis upon which they were assessed as meeting the qualifying requirements has changed. For example if the relevant person’s condition has improved to the extent that detaining him or her is no longer a proportionate response and therefore they do not meet the best interests requirements. This form should not be used if a further standard authorisation is required – Form SA5 should be used instead.

This form should not be used if the place of detention of the relevant person is to change – Parts 1 and 2 of Form SA1 should be used instead.

This form should not be used if the managing authority needs to inform the supervisory body that the standard authorisation should be suspended – Form SA8 should be used instead.

Notes for completion

There are three grounds for review:

- i. the managing authority believe the relevant person no longer meets one of the qualifying requirements; or
- ii. the managing authority believes the reason why the relevant person meets a qualifying requirement has changed; or
- iii. there has been a change in the relevant person’s case which requires the conditions attached to the authorisation to be varied (in which case the best interest requirement is reviewable)

The qualifying requirement that is applicable should be inserted into the relevant box in the case of the first two ground, and full reasons given on the second page of the form.

If the third ground applies, full reasons should also be given.


A review under Part 8 of Schedule A1 cannot take place if the authorisation is suspended, or the managing authority has already request a new authorisation.

Note that the supervisory body has discretion to decide whether the standard authorisation is reviewable. If it decides, on the basis of the information provided, that there are no grounds for a review then it does not need to take any further steps and the standard authorisation remains in place.

Form SA7 **Variation to standard authorisation**

 This form consists of three pages

 Completed by the supervisory body and sent to the managing authority.

 The form is in three parts:

- Part 1 is to be completed in all cases;
- Part 2 is to be completed if the reason a qualifying requirement is met has changed;
- Part 3 is to be completed if the conditions attached to the standard authorisation are varied

Where the supervisory body has itself decided to carry out a review or has carried out a reviewing after receiving Form SA6, if it concludes that the standard authorisation is reviewable then it must notify the managing authority, the relevant person and their representative and any section 39D IMCA of the outcome of the review. This form will contain details of the assessments carried out (if any) and any variation to the standard authorisation. The managing authority should ensure that it keeps a copy of this form is attached to the original SA1 and a note should be made in the relevant person's records.

Notes for completion of Part 1

After inserting the basic details, the ground for varying the authorisation (reason or conditions) which does not apply should be struck out.

Notes for completion of Part 2

Insert the qualifying requirement for which the reason has changed, and insert the new reasons. The form should then be signed and dated, and Part 3 struck out.


Notes for completion of Part 3

Ensure that where the conditions have been varied, all of the conditions that apply (not just any new ones) are set out. The form should then be signed and dated, and Part 2 struck out.

Form SA8 **Notification regarding eligibility requirement**

 This form consists of two pages

 Completed by the managing authority and sent to the supervisory body.

 The form is in two parts:

- Part 1 is to be completed when the managing authority notifies the supervisory body that the eligibility requirement is not met;
- Part 2 is to be completed if the managing authority needs to notify the

supervisory body that the eligibility requirement is now met once more.

If the relevant person does not meet the eligibility requirement but only for a temporary period the managing authority must notify the supervisory body of this fact, so that the authorisation can be suspended. This may happen, for example, if the relevant person has to be detained for treatment in hospital under the Mental Health Act but it is envisaged that they will only be detained for a short period of time. The authorisation may only be suspended for up to 28 days and if the managing authority does not give notice to the supervisory body that the relevant person meets the eligibility requirement within that time the standard authorisation no longer has effect. After 28 days the managing authority must make a new request for standard authorisation if it is necessary for them to continue to deprive the relevant person of their liberty.

Notes for completion of Part 1

The managing authority must notify the supervisory body of the reason that the eligibility requirement is not met, which can only be one of the four reasons given on the Form.

Part 6 of Schedule A1 does not apply where the relevant person meets the grounds for detention under section 2 or 3 of the Mental Health Act 1983 Act, and they object to being given some or all of the medical treatment for mental disorder in hospital, and no donee or deputy has made a valid decision to consent to the matters to which they object. In this circumstance a review under Part 8 should be sought, on the non-qualification ground (complete Form SA6 instead)

The date of the notice is the date that the suspension begins.

Notes for completion of Part 2


If the relevant person once more meets the eligibility requirement, Part 2 of the form should be completed.

Enter the reason the requirement is now met (for example, “the relevant person is no longer detained under the Mental Health Act 1983”).

The date of the notice is the date that the suspension ceases to be in force.

Form SA9 **Suspension of standard authorisation**


 This form consists of one page

 Completed by the supervisory body

If notice has been given to the supervisory body on Form SA8 and the supervisory body may use this form to suspend the standard authorisation. On completion this notice should be sent to the managing authority, the relevant person, and the relevant person’s representative.

Form SA10 End of suspension of standard authorisation


 This form consists of one page

 Completed by the supervisory body

This form is used by the supervisory body if the managing authority wishes the standard authorisation to resume and has given notice to the supervisory body that the relevant person now meets the eligibility requirement. On completion this notice should be sent to the managing authority, the relevant person, the relevant person's representative and any section 39D IMCA.

Form SA11 Termination of standard authorisation

 This form consists of one page

 Completed by the supervisory body


This form gives the managing authority notice that the standard authorisation is at an end. This will be sent if, during the period of suspension, the managing authority does not give notice that the relevant person meets the eligibility requirement before the end of 28 days. On completion this notice should be sent to the managing authority, the relevant person, any section 39A IMCA, and all interested persons consulted by the best interests assessor (a covering letter, such as Standard Letter 9 may accompany this notice).


Urgent Authorisation Forms

Forms UA1 to UA3 are used in connection with urgent authorisations under Part 5 of Schedule A1 to the Act.

Form UA1 Urgent authorisation

 This form consists of 2 pages

 Completed by the managing authority, copied to the relevant person and any section 39A IMCA.

 The form is in two parts:

- Part 1 is to be completed in all cases;
- Part 2 is to be completed if the urgent authorisation needs to be varied because the duration of the authorisation has been extended by the supervisory body.

This form may be completed where the managing authority is giving itself an urgent authorisation to deprive the relevant person of their liberty. This may be for no longer than 7 days unless the supervisory body has given authority to extend the authorisation by a further 7 days (see Form UA2). A copy of this authorisation should also be attached to any request for a standard authorisation made (or sent to the managing authority if the request has already been made).

Notes for completion of Part 1

There are only two circumstances in which the managing authority may give an urgent authorisation, and the one which does not apply should be deleted.

The duration of the urgent authorisation must be recorded, which cannot be more than seven days.

The managing authority is required to set out the purpose for which the authorisation is given; the purpose will be to enable the relevant person to be given care or treatment in circumstances which amount to a deprivation of liberty and as such the managing authority should set out the nature and form of that care treatment.

Notes for completion of Part 2

Where a supervisory body has extended the duration of the urgent authorisation and notice of that has been received by the managing authority, the managing authority must vary the urgent authorisation by recording the revised duration period.

Form UA2 Request to extend duration of the urgent authorisation

 This form consists of one page

 Completed by the managing authority and sent to the supervisory body.

The managing authority may send this form if it wishes to apply for the urgent authorisation to be extended by a further 7 days. The supervisory body will only give an extension in exceptional circumstances. A request for standard authorisation must have been made and there must be exceptional reasons why the request has not been dealt with. It must also be essential that the relevant person must continue to be detained while the request is being dealt with.


Notes for completion

The supervisory body may only extend the duration of the authorisation if the managing authority have made the request for an standard authorisation, therefore if (exceptionally) this had not already been done such a request must be attached the Standard Form UA2.

The managing authority must provide the supervisory body with the reasons why the detention must continue pending disposal of the request for a standard authorisation. The supervisory body cannot extend the authorisation without knowing why it is essential that the detention continues. The managing authority should continue on a separate sheet if further space is required to record these reasons.

Form UA3 Extension of urgent authorisation

 This form consists of one page

 Completed by the supervisory body and sent to the managing authority.

This form will be sent by the supervisory body if the extension to the urgent

authorisation is agreed.

Notes for completion

The date of the expiry of the authorisation should be inserted; the supervisory body may not extend the authorisation for more than seven days from the end of the existing detention period.

The supervisory body may only extend the duration of the urgent authorisation if all three statements apply, therefore none should be deleted. The reasons why the request for a standard authorisation has not yet been disposed of should be inserted; together with the reasons why the detention should continue until the request is disposed of.


Assessment Forms

Forms AS1 to AS6 record the assessments that must be carried out in order to establish whether the relevant person meets the qualifying requirements. They may be used for the assessment required in order to give the standard authorisation or where the standard authorisation is being reviewed.

Form AS7 may be used for an assessment of a potential unauthorised deprivation of liberty.

Form AS1 Record of assessment of age requirement

 This form consists of one page

 Completed by the age assessor and copied to the supervisory body


One of the qualifying requirements is that the relevant person has reached 18. This form is completed when an assessment of that person's age has been carried out.

Notes for completion

If the relevant person's date of birth is not known, it will in most cases be obvious from the person's appearance that they are 18 years or over. However if the assessor does not meet the relevant person then it is advised that confirmation that this requirement has been met should only be given if the assessor has seen a copy of the relevant person's birth certificate or other suitable documentation (such as a passport).

Form AS2 Record of assessment of mental health requirement

 This form consists of two pages

 Completed by the mental health assessor and copied to the supervisory body (any may also be copied to the best interests assessor – see below)

This form records the assessment of whether the relevant person meets the mental health requirement. The relevant person will meet this requirement if they are suffering from a mental disorder. A mental disorder is as defined in the Mental Health Act, except that it does not exclude any person with a learning disability who is also deemed to have a mental disorder for the purpose of this requirement.

Notes for completion

This form should only be completed by a section 12 approved doctor (under the Mental Health Act) or a doctor who the supervisory body considers has relevant experience in the diagnosis or treatment of mental disorder. The indent which does not apply in this respect should be deleted.

The reasons for determining the person does or does not have a mental disorder should be recorded, which should include where relevant any symptoms and behaviour and an explanation of how these lead to your opinion.

The mental health assessor is specifically required to consider how (if at all) the relevant person's mental health is likely to be affected by being a detained resident. This will be relevant to the best interests assessment and therefore the reasons for the finding should be recorded and the outcome conveyed to the best interests assessor. A copy of this form could be given to the best interests assessor for this purpose.

A note should be made of any records and documents examined during the assessment process.

Form AS3 Record of assessment of mental capacity requirement

 This form consists of one page

 Completed by the mental capacity assessor and copied to the supervisory body

This form records the assessment of whether the relevant person meets the mental capacity requirement. The relevant person meets this requirement if they lack capacity to make any decisions about the question of whether they should be accommodated in a hospital or care home for the purpose of being given care or treatment.

Notes for completion

This form should only be completed by a person who is also eligible to be a best interests assessor or a mental health assessor. The full qualifications and criteria for each of these assessors are set out in the "Guidance for Supervisory Bodies". The mental capacity assessor should be familiar with the Mental Capacity Act 2005 and the MCA Code of Practice. Chapter 4 of the MCA Code explains what is meant by "capacity" and how this should be assessed.

In the part of the form for recording reasons for the findings the assessor should explain why the relevant person has or does not have capacity to make the decision in question and should include any evidence that supports the assessor's conclusions. In the last box on the form any relevant records or other documents that have been examined should be recorded.

Form AS4 Record of assessment of best interests requirement

 This form consists of six pages

 Completed by the best interests assessor and copied to the supervisory body

↳ The form is in five parts:

- Part 1 is to be completed in all cases;
- Part 2 is only to be completed if the relevant person does not meet the best interests requirement;
- Parts 3 and 4 to be completed if the relevant person does meet the requirement;
- Part 5 is to be completed in all cases.

This form records the best interests assessment. The relevant person will meet the best interests requirement if it is in their best interests to be deprived of liberty. To meet this requirement it must be necessary for them to be deprived of liberty in order to prevent harm to themselves; and the deprivation must be a proportionate response to the likelihood of the relevant person suffering harm and the seriousness of that harm. Before making this assessment the best interests assessor must first determine whether the relevant person is actually, or is likely, to be deprived of their liberty.

The qualifications and other criteria required to be a best interests assessor are set out in the Guidance for Supervisory Bodies. This form should only be completed by a qualified person who meets the criteria.

The best interests assessor will also recommend a representative to support the relevant person and should also complete Form RP1.

Notes for completion of Part 1

This part of the form confirms whether the relevant person meets the best interests requirement and deals with the information that the best interests assessor should consider in order to carry out this assessment. The best interests assessor should include all relevant information and documents in support in this part. The name and address of each person consulted by the best interests assessor in undertaking this assessment should be recorded, together with their relationship to the patient.

Notes for completion of Part 2

This part of the form only applies if the relevant person does not meet the best interests requirement.

The reasons for concluding that the relevant person does not meet the requirement should be fully recorded, continuing onto a separate sheet if necessary. This should include:

- why the arrangements for the care and treatment do/do not amount to a deprivation of liberty;
- the views of the best interests assessor if they conclude that the care or treatment that the person requires can be provided effectively in a way that is less restrictive of their rights and freedom of action;
- the particulars of the harm and the seriousness of that harm, if any;
- the particulars of why the response to the harm is not proportionate, or how it may be managed in such a way that is proportionate
- any recommendations that may be beneficial to the managing authority or others in deciding their future actions (for example, making a recommendation about an alternative approach to care or treatment that would avoid a deprivation of liberty)

If the person is unlawfully deprived of their liberty, a statement to this effect must be included (with reasons, which may link back to the reasons given above)

Once Part 2 has been completed, the best interests assessor should strike through Parts 3 and 4 of the Form and then complete Part 5.

Notes for completion of Part 3

This part of the form only applies if the relevant person does meet the best interests requirement. The assessor will also need to complete Parts 4 and 5 of the Form, but does not need to complete Part 2 (which may be struck through).

All indents should apply, and none should be struck through. Full reasons should be given, continuing onto a separate sheet if necessary. These should include:

- why the circumstances about to a deprivation of liberty
- why such arrangements are in the relevant person's best interests
- why the arrangements are necessary to prevent harm to the person
- why the arrangements are a proportionate response to that harm

The maximum duration of the standard authorisation should be inserted, or the date by which this should come to an end. The duration of a standard authorisation cannot exceed 12 months.

Notes for completion of Part 4

There are two sections to Part 4, the first (Part 4A) is to be used when the best interests assessor is undertaking an assessment for the first time (or when a further authorisation is being sought). The second (Part 4B) should only be used if the assessment is being undertaken because the existing authorisation is being reviewed under Part 8 of Schedule A1. The section which does not apply should be struck through.

In both cases any conditions that the best interests assessor recommends may only relate to the deprivation of liberty. Such conditions may, for example, be concerned with contact issues, issues relevant to the person's culture or other major issues which – if not dealt with – would mean that the deprivation of liberty would cease to be in the person's best interests. Conditions may also be recommended in order to work towards avoiding a deprivation of liberty in the future. See also paragraphs 4.74 and 4.75 of the Code of Practice.

Notes for completion of Part 5

To be completed in all cases, and once the date of the assessment has been inserted and note made of any records examined during the assessment, the assessor should sign and date the form.

Form AS5 **Record of assessment of eligibility requirement**

 This form consists of two pages

 Completed by the eligibility assessor and copied to the supervisory body

This form records the eligibility assessment. This eligibility requirement deals with

the interface between these safeguards and the Mental Health Act 1983. In some cases a managing authority may seek a standard authorisation in relation to a relevant person who is also subject to requirements of the Mental Health Act 1983. Only in limited circumstances will a relevant person who is subject to the Mental Health Act 1983 also be eligible for the purposes of the safeguards.

A person may only carry out an eligibility assessment if they are eligible to carry out a mental health assessment or a best interests assessment. They should also be familiar with Schedule 1A of the Act and with paragraphs 4.41 to 4.51 of the Code of Practice.

Notes for completion

Once the date of the assessment has been inserted and a note made of any records examined during the assessment, the assessor should sign and date the form.

Form AS6 Record of assessment of no refusals requirement

 This form consists of two pages

 Completed by the no refusals assessor and copied to the supervisory body

This form records the no refusals assessment. The relevant person may not meet this requirement if -

- a) they have made a valid advance decision in accordance with the Act to refuse any treatment that it is proposed will be given under an authorisation; or
- b) the relevant person has granted a Lasting Power of Attorney to a donee or a deputy has been appointed by the Court and the donee or deputy has made a decision that conflicts with the decision to accommodate that person for the purpose of receiving care or treatment.

There are no qualifications required to be carry out this assessment although the assessor should have relevant experience and have knowledge of the relevant provisions in the Act particularly those relating to lasting powers of attorney, deputies of the Court and advance decisions as well as the Code of Practice.

Notes for completion

In carrying out this assessment if the assessor concludes that the relevant person does not meet this qualifying requirement they will need to see a copy of the advance decision, the Lasting Power of Attorney or authority of the court in a case where a deputy has been appointed. It is helpful if a copy of the authority is annexed to this form.

Where the assessor is made aware that there is an advance decision he or she should give details of the decision. He or she should note on the form whether they are satisfied that the decision is valid and should explain why they consider that it is applicable to the treatment that the relevant person may receive.


Where there is a conflicting decision by a donee or a deputy the assessor should give details of the relevant authority. The assessor should confirm that they are satisfied that the donee or deputy has authority under the relevant instrument and give details of the donee's or deputy's name and address. The assessor should give


details of the decision made by the donee or deputy and explain why there is a conflict.

A note should be made of any records or other documents examined during the assessment process.

Form AS7 Record of assessment of unauthorised deprivation of liberty

 This form consists of three pages

 Completed by the best interests assessor and copied to the supervisory body.

 The form is in three parts:

- Part 1 is to be completed in all cases;
- Part 2 is only to be completed if the best interests assessor finds that the relevant person is deprived of their liberty;
- Part 3 is to be completed in all cases.

Where a person has made a request in Form SA2 or has otherwise asked the supervisory body to consider whether there is an unauthorised deprivation of liberty, the supervisory body may arrange for an assessment to be carried out. This form records that assessment. Only persons who are eligible to be best interests assessors may carry out this assessment.

Notes for completion of Part 1

The name and address of each person consulted by the best interests assessor in undertaking this assessment should be recorded, together with their relationship to the patient (for example, the person has been appointed as an IMCA). The reasons for concluding that the relevant person is or is not deprived of their liberty should be fully recorded, which should set out the circumstances in which they are receiving relevant care or treatment.

Notes for completion of Part 2

Where a person is deprived of their liberty, the best interests assessor needs to complete Part 2 of this form to explain whether or not such deprivation is lawfully authorised. A lawful authorisation would include:

- an urgent or standard authorisation made under the Act
- an order of the Court of Protection made under section 4A(3) of the Act
- an order of the Court of Protection being sought
- detention under the Mental Health Act 1983

Where the deprivation of liberty is authorised the reasons should be set out – for example, the relevant person is detained under section 3 of the Mental Health Act 1983.


Notes for completion of Part 3


To be completed in all cases, and once the date of the assessment has been inserted and note made of any records examined during the assessment, the assessor should sign and date the form.


Representative Forms

Forms RP1 to RP3 are used in connection with the selection, appointment and termination of the relevant person's representative.

Form RP1 Selection of the relevant person's representative

 This form consists of two pages

 Completed by the best interests assessor

 The form is in three parts:

- Part 1 is to be completed by the best interests assessor where a representative has been selected;
- Part 2 may be completed by the selected representative to record their willingness to act in this capacity.
- Part 3 is to be completed by the best interests assessor when an eligible representative has not been identified.

At the same time as carrying out the best interests assessment the assessor must consider who should be the relevant person's representative and make his or her recommendations to the supervisory body. This form records the assessor's recommendation and how that recommendation is arrived at. The Representative Regulations set out the procedure for selecting the representative. The relevant person may choose their representative if they have capacity to make that decision. If the relevant person does not have capacity to choose then a donee acting under a lasting power of attorney or a deputy of the court may choose. The best interests assessor will then decide whether the person chosen to be representative is suitable or decide that someone else should be the representative. The assessor will make his or her recommendation to the supervisory body.

A person may only act as a representative if they are eligible to do so. A person is only eligible for appointment if they are:

- 18 years of age or over;
- able to keep in contact with the relevant person;
- not prevented by ill-health from carrying out the role of the representative;
- willing to be the relevant person's representative;
- not financially interested in the care home or independent hospital where the relevant person is, or is to be, detained;
- not a relative of a person who is financially interested in the care home or independent hospital where the relevant person is, or is to be, detained;
- not providing services to, or not employed to work in the care home where the relevant person is, or is to be, detained;
- not employed to work in the hospital where the relevant person is, or is to be, detained in a role that is, or could be, related to the relevant person's case; and
- not employed to work in the relevant person's supervisory body in a role that is, or could be, related to the relevant person's case.

Notes for completion of Part 1

Where the relevant person has chosen a representative the assessor should be satisfied that they have capacity to do so. If the relevant person does not have capacity the assessor must, before making their recommendation, take into account

the relevant person's views as well as the views of any other person who has an interest in their welfare.

If the representative is chosen by a donee or deputy the assessor should be satisfied that they are acting within their authority and should have sight of the relevant instrument which gives that authority. If possible a copy of the instrument should be attached to the form.

Notes for completion of Part 2


The best interests assessor should invite the person identified as the prospective representative to sign Part 2 to confirm their willingness to act in this capacity. However non-completion does not of itself mean the proposed representative is not willing to act as the representative. Where a proposed representative is unwilling to sign the form, but willing to act, the best interests assessor should record this – perhaps writing this fact across Part 2 of Form RP1.

Notes for completion of Part 3

When the best interests assessor has not been able to identify an eligible representative this should be recorded, and full explanation given. The explanation should include the details of any persons identified but not selected because they were not eligible. If no persons could be identified at all this should also be stated, together with information on the actions taken to try and identify any persons.

Form RP2 Appointment of the relevant person's representative

 This form consists of one page

 Completed by the supervisory body, and is issued to the relevant person's representative to confirm appointment


This form appoints the relevant person's representative. The supervisory body will appoint the person recommended by the best interests assessor or, if no recommendation has been made, another person to be the representative.

Notes for completion

Appointment cannot commence before the date of the standard authorisation, and cannot exceed the duration of the authorisation. Copies of this appointment should be given to the managing authority, the relevant person, their donee or deputy, any IMCA and any other person who was consulted by the best interests assessor (Letter 15 may be used for this purpose).

Form RP3 Termination of the appointment of the relevant person's representative

 This form consists of two pages

 Completed by the supervisory body,

The supervisory body will send this form to the representative if the appointment is being terminated.

Notes for completion

The grounds for terminating the terminating an appointment are set out on the form and the supervisory body should delete as appropriate. The date on which the appointment is to come to end must be inserted. The supervisory body may provide for the appointment to be terminated at some date in the future. The same people who must be given notice of the appointment as above must also be given notice that the appointment has terminated (Letter 16 may be used for this purpose).

After deleting the grounds for termination which do not apply, insert full details of the reasons for the decision taken.

Summary of letters

These letters are recommended as templates for use at various stages of the authorisation process. Copies of these template letters can be found at Annex B of this guidance.

Letter	Title of letter
Letter 1	Notification of finding of unauthorised deprivation of liberty
Letter 2	Notification of receipt of third party request to consider potential deprivation of liberty
Letter 3	Notification of findings following a third party request
Letter 4	Notice that a standard authorisation cannot be given
Letter 5	Notification to cease assessments
Letter 6	Provision of information relating to a standard authorisation
Letter 7	Notification of review of standard authorisation
Letter 8	Notice of variation to the standard authorisation
Letter 9	Notice of end of the standard authorisation
Letter 10	Urgent authorisation
Letter 11	Notice of request to extend the urgent authorisation
Letter 12	Notice of extension of the urgent authorisation
Letter 13	Notice of refusal to extend the urgent authorisation
Letter 14	Notice of end of the urgent authorisation
Letter 15	Appointment of the relevant person's representative
Letter 16	Termination of the relevant person's representative

Guidance for completion of specific letters

These guidance notes do not cover all of the processes to be followed under the safeguards and should be read in conjunction with the Guidance for Supervisory Bodies and Guidance for Managing Authorities as applicable.

There are fourteen suggested letters.

Letter 1 Notification of finding of unauthorised deprivation of liberty

 Completed by supervisory body

The supervisory body is required to notify the relevant person, the managing authority, any IMCA, and any interested persons consulted by the best interests assessor, that the best interests assessor has determined that there is an unauthorised deprivation of liberty. This letter may be used for this purpose.

Where applicable a copy of the assessment by the best interests assessor should be attached to this letter.

Where a third party request to consider a potential unauthorised deprivation of liberty has been made, the findings of the supervisory body (following an assessment by the best interests assessor), should be notified using Letter 3. If in these circumstances where an unauthorised deprivation of liberty has been found, there is no need to also send Letter 1.

Letter 2 Notification of receipt of third party request to consider potential deprivation of liberty

 Completed by supervisory body

This letter may be used to give notice to the relevant person, the managing authority, any IMCA, and the person making the request, that the supervisory body has received a request to consider whether or not there is an unauthorised deprivation of liberty.

If the request has been declined paragraph (a) of the letter should be used; if the request has been accepted paragraph (b) of the letter should be used.

Letter 3 Notification of findings following a third party request


 Completed by supervisory body

Following an assessment by the best interests assessor into a potential deprivation of liberty, the supervisory body may use this letter to give notice of the outcome of the assessment to the relevant person, the managing authority, any IMCA, and the person making the request.

Copies of the best interest assessor's report (Form AS7 if used) should be provided to any person consulted by the best interests assessor.

Where an unauthorised deprivation of liberty has been found this letter can be used to provide a notice of this to the relevant person, the managing authority, any IMCA, and any interested persons consulted by the best interests assessor. If Letter 3 is used for this purpose then Letter 1 does not need to be also sent.


Letter 4 **Notice that a standard authorisation cannot be given**

 Completed by supervisory body

This letter may be used to notify the managing authority, the relevant person, any section 39A IMCA and any interested person consulted by the best interests assessor that a standard authorisation cannot be given, and the reasons for this.


Copies of the six assessments undertaken (Forms AS1 to AS6 if used) should be given to the relevant person, the managing authority and any section 39A IMCA.

Letter 5 **Notification to cease assessments**

 Completed by supervisory body


Where an assessment determines that the qualifying requirement is met, the supervisory body is required to notify any assessor who has not yet completed their assessment to cease carrying out that assessment. This letter provides a suggested template for such notification to be given.

Letter 6 **Provision of information relating to a standard authorisation**

 Completed by managing authority


This letter may be used by the managing authority to provide the relevant person's representative and any section 39D IMCA with the written information which has been given to the relevant person relating to the standard authorisation made in respect of them.

Letter 7 **Notification of review of standard authorisation**

 Completed by supervisory body

When the supervisory body undertakes a review of the standard authorisation in accordance with Part 8 of Schedule A1, this letter may be used to give notice of that review to the relevant person, the relevant person's representative, and the managing authority.

Letter 8 **Notice of variation to the standard authorisation**

 Completed by supervisory body

This letter may be used by the supervisory body to notify the relevant person, the relevant person's representative, the managing authority and any section 39D IMCA that the standard authorisation has been varied.


Where applicable a copy of Standard Form SA7 and the applicable assessment forms should be attached to this letter.

Letter 9 **Notice of end of the standard authorisation**

 Completed by supervisory body


This letter may be used to notify the managing authority, relevant person, relevant person's representative and any interested persons consulted by the best interests assessor that the standard authorisation has ceased to be in force. A copy of Form SA11 should be attached to the letter (if used).

Letter 10 **Urgent authorisation**

 Completed by managing authority


The managing authority is required to provide a copy of any urgent authorisation made, and also provide written information on this to the relevant person and any section 39A IMCA. This letter may be used to accompany the copy of the urgent authorisation (Form UA1 if used) and associated information.

Letter 11 **Notice of request to extend the urgent authorisation**

 Completed by managing authority


The managing authority may use this template to notify the relevant person that the managing authority has sought an extension to the urgent authorisation from the supervisory body .

Letter 12 **Notice of extension of the urgent authorisation**

 Completed by supervisory body


Where the supervisory body extends the duration of the urgent authorisation, this letter may be used to notify the relevant person and section 39A IMCA that the extension has been granted. Where Part 2 of the Form UA1 has been completed, a copy of this revised form should also be attached to the letter

Letter 13 **Notice of refusal to extend the urgent authorisation**

 Completed by supervisory body


This letter may be used to notify the managing authority that their request to extend the urgent authorisation has been declined. This notice should be copied by the supervisory body to the relevant person and any section 39A IMCA.

Letter 14 **Notice of end of the urgent authorisation**

 Completed by supervisory body


This letter may be used to notify the relevant person and any section 39A IMCA that the urgent authorisation has ceased to be in force.

Letter 15 **Appointment of the relevant person's representative**

 Completed by supervisory body

This letter may be used to notify the relevant person, the managing authority, any donee or deputy of the relevant person, any IMCA appointed, and any person consulted by the best interests assessor that the supervisory body has appointed a representative in respect of the relevant person. A copy of Form RP2 (if used) may be provided with this letter.

Letter 16 **Termination of the relevant person's representative**

 Completed by supervisory body

If the supervisory body terminates the appointment of the relevant person's representative, they are required to notify the relevant person, the managing authority, any donee or deputy of the relevant person, any IMCA appointed, and any person consulted by the best interests assessor of this fact. This letter may be used for this purpose, and a copy of Form RP3 (if used) may be provided with it.

Annex A – Standard Forms

Request made by the managing authority for a standard authorisation

PART 1

To be completed in all cases

(name of supervisory body)

To

(full name)

I

(full name, address and telephone number of managing authority)

of

request a standard authorisation under the Mental Capacity Act deprivation of liberty safeguards in respect of

(full name of relevant person)

(full address of current residence)

of

Delete (i) or (ii) as applicable, and where (i) applies insert the date

(date)

(i) The relevant person's date of birth is

(ii) I believe the relevant person is aged 18 years or over.

(insert language, for example 'English', 'Welsh', 'British Sign Language', etc)

The preferred language for communication of the relevant person is

I wish to also make you aware of the following communication needs of the relevant person

(detail any known communication needs of the relevant person, if none this should also be stated)

*(*delete as applicable)*

The managing authority considers that the relevant person is being/will be* detained in circumstances which amount to a deprivation of liberty because

(insert reasons, and where possible provide supporting documentation and information)

The managing authority considers that the relevant person satisfies the qualifying requirements under paragraph 12 of Schedule A1 to the Mental Capacity Act because

(insert reasons)

Delete (i) or (ii) as applicable, and where (i) applies insert the date

(date)

(i) The relevant person is currently subject to an urgent authorisation given by this managing authority which will expire on and a copy of that authorisation is attached to this request for a standard authorisation.

(ii) The relevant person is not currently subject to an urgent authorisation.

The following person(s) are known to have an interest in the welfare of the relevant person

(provide the name, address and telephone number of each interested person. If there is no one with whom the supervisory body should consult, this must also be recorded here)

Name:
Address:
Relationship to relevant person:
Name:
Address:
Relationship to relevant person:
Name:
Address:
Relationship to relevant person:
Name:
Address:
Relationship to relevant person:
Name:
Address:
Relationship to relevant person:
Name:
Address:
Relationship to relevant person:
Name:
Address:
Relationship to relevant person:
Name:
Address:
Relationship to relevant person:
Name:
Address:
Relationship to relevant person:
Name:
Address:
Relationship to relevant person:

(* delete as applicable)

To the best of my knowledge the relevant person has/has not* made a valid and applicable advance decision, and where applicable a copy of this is attached.

Signed:

Date:

PART 2

To be completed in addition to Part 1 of this form, where there is a change in the place of detention

(date) A standard authorisation was given on [] and continues to be
(date) in force. With effect from [] there will be a change in the
place of detention of the relevant person, and from that date they will be detained in

(full name, address
and telephone
number of new place
of detention)

This request is made by the managing authority of the new place of detention.

Signed:

Date:

PART 3

To be completed in addition to Part 1 of this form, where a current order of the Court of Protection made under section 4A(3) of the Mental Capacity Act is due to expire.

The Court of Protection made an order under section 4A(3) of the Mental Capacity Act
(date) 2005 on [] authorising the deprivation of liberty of the relevant
(date) person. This order will expire on [] and the managing
authority considers that a standard authorisation will be required to be in force at the time
of expiry of the current order for detention.

Signed:

Date:

Request for consideration of potential unauthorised deprivation of liberty

PART 1

To be completed in all cases

(name of supervisory body)

To

(full name)

I

(address and telephone number)

of

request the supervisory body consider whether or not there is an unauthorised deprivation of liberty in respect of

(full name of relevant person)

(full address of current residence)

of

Delete (i) or (ii) as applicable, and where (i) applies insert the date

(date)

(i) The relevant person's date of birth is

(ii) I believe the relevant person is aged 18 years or over.

It appears to me that this person lacks capacity to consent to the arrangements made for the care or treatment and is subject to an unauthorised deprivation of liberty, because

(insert reasons, and where possible provide supporting documentation and information)

(delete as applicable)*

I have/have not* requested the managing authority to change the care arrangements or make a request to the supervisory body for a standard authorisation.

Signed:

Date:

Provision of information by managing authority

(name of supervisory body)

To

(full name)

I

(full name, address and telephone number of managing authority)

of

have been notified that a best interests assessment in respect of

(full name of relevant person)

(full address of current residence)

of

has determined that there appears to be an unauthorised deprivation of liberty under the Mental Capacity Act. On behalf of the managing authority, I am therefore providing the following information.

Information

Delete (i) or (ii) as applicable, and where (i) applies insert the date

(date)

(i) The relevant person's date of birth is

(ii) I believe the relevant person is aged 18 years or over.

*(*delete as applicable)*

The managing authority considers that the relevant person is being/will be* detained in circumstances which amount to a deprivation of liberty because

(insert reasons, and where possible provide supporting documentation and information)

(* delete as applicable)

To the best of my knowledge the relevant person has/has not* made a valid and applicable advance decision, and where applicable a copy of this is attached.

Signed:

Date:

Standard Authorisation

(name of managing authority)

To

(full name and address of the supervisory body)

(the supervisory body) give a standard deprivation of liberty authorisation under the Mental Capacity Act 2005 in respect of

(full name of relevant person)

This authorisation has been given in relation to their accommodation in

(full name and address of relevant hospital or care home)

Duration of authorisation

(date)

This authorisation will come into force on and will remain

(date)

in force until unless the supervisory body notifies otherwise.

Purpose of authorisation

The purpose for which this authorisation is given is

(insert the purpose of the authorisation)

Conditions attached to the authorisation

Delete (i) or (ii), and where (ii) applies insert conditions

- (i) there are no conditions attached to the authorisation
- (ii) the following conditions are attached to the authorisation, which the managing authority must ensure are complied with

(insert conditions)

Reason why each qualifying requirement is met

The supervisory body has secured assessments as to whether the relevant person meets the following qualifying requirements:

- (i) age requirement
- (ii) mental health requirement
- (iii) mental capacity requirement
- (iv) best interests requirement
- (v) eligibility requirement
- (vi) no refusals requirement

All of the assessments have determined that the relevant person does meet the qualifying requirements.

A copy of each of the assessments is attached to this authorisation.

The relevant person meets the age requirement because

(insert reason(s))

The relevant person meets the mental health requirement because

(insert reason(s))

The relevant person meets the mental capacity requirement because

(insert reason(s))

The relevant person meets the best interests requirement because

(insert reason(s))

The relevant person meets the eligibility requirement because

(insert reason(s))

The relevant person meets the no refusals requirement because

(insert reason(s))

Accordingly this standard authorisation is given.

Signed:

Date:

Request for further authorisations

(name of supervisory body)

To

(full name)

I

(full name, address and telephone number of managing authority)

of

request a standard authorisation under the Mental Capacity Act deprivation of liberty safeguards in respect of

(full name of relevant person)

(full address of current residence)

of

This person is already subject to a standard authorisation which was give by

(name of supervisory body)

(date) and (date)

and which came into force on and will expire on

(date)

Further authorisation is sought to come into force on

(insert language, for example 'English', 'Welsh', 'British Sign Language', etc)

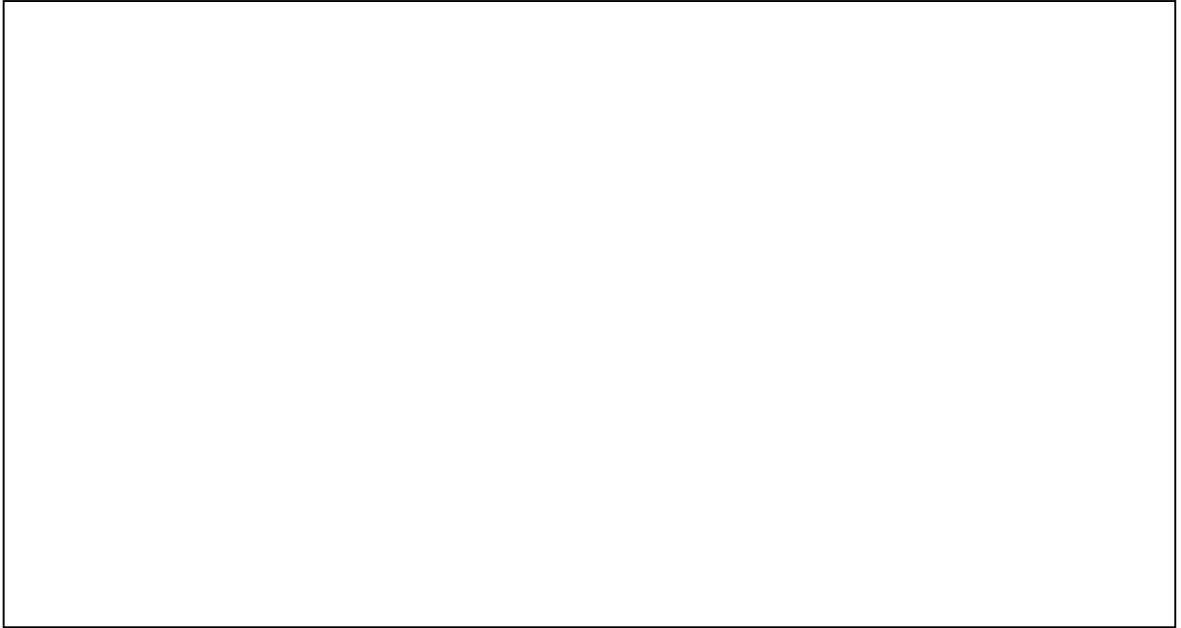
The preferred language for communication of the relevant person is

I wish to also make you aware of the following communication needs of the relevant person

(detail any known communication needs of the relevant person, if none this should also be stated)

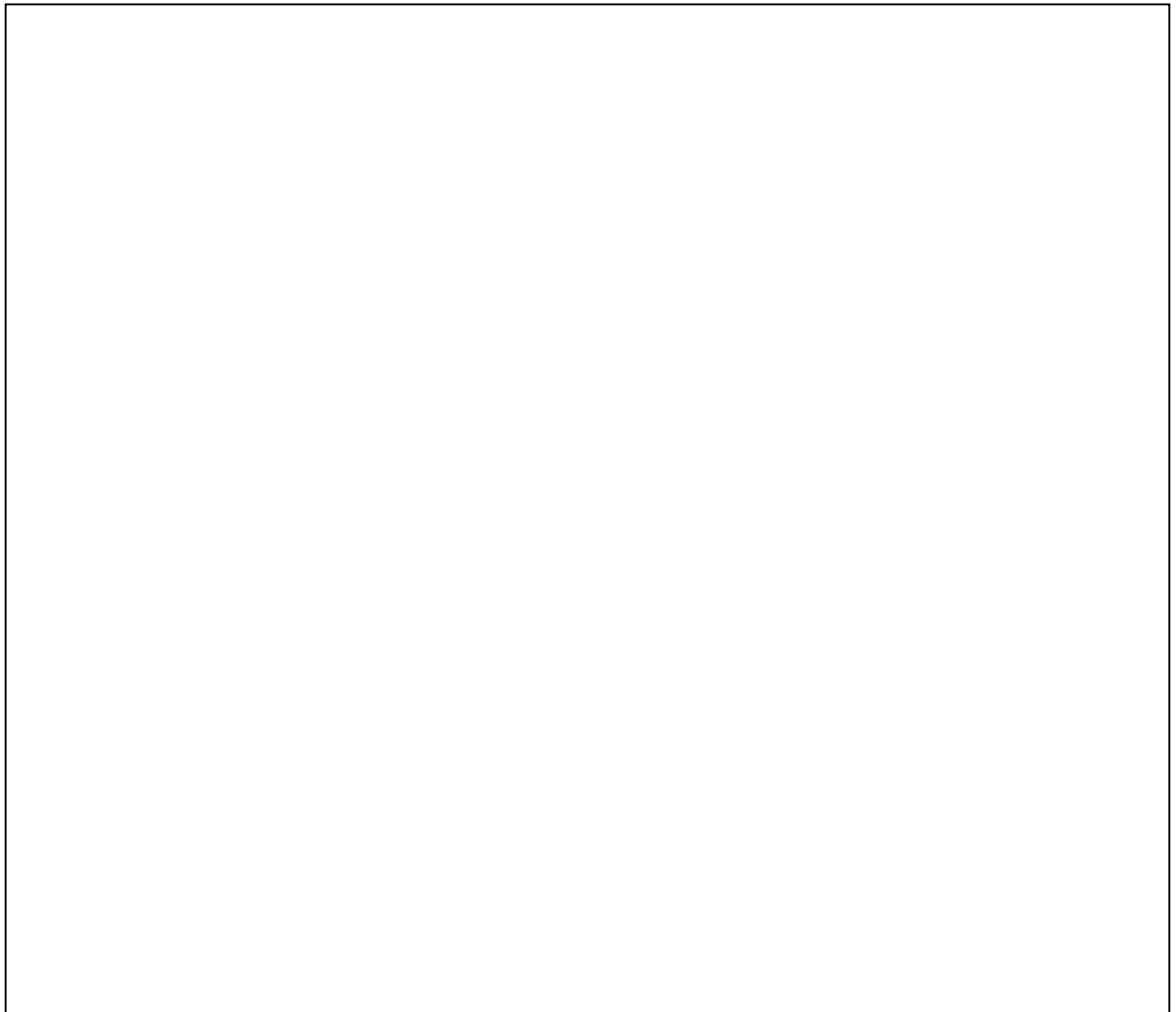
The managing authority considers that the relevant person will be detained in circumstances which amount to a deprivation of liberty at the time the further authorisation is required to be in force because

(insert reasons, and where possible provide supporting documentation and information)



The managing authority considers that the relevant person satisfies the qualifying requirements under paragraph 12 of Schedule A1 to the Mental Capacity Act because

(insert reasons)



The following person(s) are known to have an interest in the welfare of the relevant person

(provide the name, address and telephone number of each interested person, including the relevant person's representative)

Name:	
Address:	
	Relationship to relevant person:
Name:	
Address:	
	Relationship to relevant person:
Name:	
Address:	
	Relationship to relevant person:
Name:	
Address:	
	Relationship to relevant person:
Name:	
Address:	
	Relationship to relevant person:
Name:	
Address:	
	Relationship to relevant person:
Name:	
Address:	
	Relationship to relevant person:
Name:	
Address:	
	Relationship to relevant person:
Name:	
Address:	
	Relationship to relevant person:
Name:	
Address:	
	Relationship to relevant person:
Name:	
Address:	
	Relationship to relevant person:

(delete as applicable)*

To the best of my knowledge the relevant person has/has not* made a valid and applicable advance decision, and where applicable a copy of this is attached.

Signed:

Date:

Request for review of a standard authorisation

(name of supervisory body)

To

(full name)

I

(full name, address and telephone number of managing authority)

of

request a review of the standard authorisation made under the Mental Capacity Act deprivation of liberty safeguards in respect of

(full name of relevant person)

(full address of current residence)

of

The grounds for seeking a review are because

Delete (i), (ii) or (iii) as relevant, and where (i) or (ii) is applicable insert the relevant qualifying requirement(s)

(i) the relevant person does not meet the following qualifying requirement(s)

(insert qualifying requirement(s))

(ii) the reason that the relevant person meets the following qualifying requirement(s) has changed

(insert qualifying requirement(s))

(iii) the best interests requirement is reviewable as there has been a change in the relevant person's case and because of that change, it would be appropriate to vary the conditions of the standard authorisation.

The reasons for seeking a review are

(give reasons for your opinion that one or more of the qualifying requirements is reviewable)

To the best of my knowledge the current standard authorisation has not been suspended under Part 6 of Schedule A1, and the managing authority has not made a request for a new standard authorisation.

Signed:

Date:

Variation to standard authorisation

THIS NOTICE MUST BE ATTACHED TO THE STANDARD AUTHORISATION (FORM SA4), AND HAS THE EFFECT OF VARYING THE STANDARD AUTHORISATION

Part 1

(To be completed in all cases)

(name of managing authority)

To

(full name and address of the supervisory body)

(the supervisory body) has varied the standard deprivation of liberty authorisation under the Mental Capacity Act 2005 in respect of

(full name of relevant person)

who is accommodated in

(full name and address of relevant hospital or care home)

Form of variation

The authorisation has been varied because

(delete (i) or (ii))

(i) The reasons that the relevant person meets the qualifying requirements has changed – see Part 2 of this Form

(ii) The conditions attached to the authorisation have changed – see Part 3 of this Form

Part 2

(To be completed if the reason the qualifying requirements are met has changed)

The standard authorisation is varied to show that the reason the relevant person meets the

(insert the qualifying requirement)

qualifying requirement has changed.

This qualifying requirement is met because

(insert the new reason why the qualifying requirement is met)

Signed:
on behalf of the supervisory body

Name:

Date:

Part 3

(To be completed if the conditions have changed)

The standard authorisation is varied to show that

- (i) there are no conditions attached to the authorisation
- (ii) the following conditions are attached to the authorisation, which the managing authority must ensure are complied with

(delete (i) or (ii))

(insert new conditions)

Signed:
on behalf of the supervisory body

Name:

Date:

Notification regarding eligibility requirement

(name of supervisory body)

To

(full name)

I

(full name, address and telephone number of managing authority)

of

am notifying you that

(full name of relevant person)

(full address of current residence)

of

no longer meets the eligibility requirement of Schedule A1 to the Mental Capacity Act 2005.

Delete the indents below which do not apply

This is because the relevant person is

- (i) now detained in hospital under a relevant section of the Mental Health Act 1983
- (ii) liable to be detained in hospital under the Mental Health Act 1983 and accommodating them in this care home/hospital now conflicts with a requirement imposed on them by the Mental Health Act 1983
- (iii) on a community treatment order under the Mental Health Act 1983 and accommodating them in this care home/hospital now conflicts with a requirement imposed on them by the Mental Health Act 1983
- (iv) subject to guardianship under the Mental Health Act 1983 and accommodating them in this care home/hospital conflicts with a requirement imposed on them by their guardian

(date)

This notice is given on

Signed:

Date:

Part 2

(To be completed if the relevant person once more meets the eligibility requirement)

Following the notice given to the supervisory body in accordance with Part 1 of this Form, the managing authority is now giving notice that

(full name of relevant person)

(full address of current residence)

of

now meets the eligibility requirement of Schedule A1 to the Mental Capacity Act 2005.

This is because

(give reasons)

(date)

This notice is given on

Signed:
on behalf of the managing authority

Name:

Date:

Suspension of standard authorisation

(full name and address of the supervisory body)

Four horizontal rectangular boxes stacked vertically for the supervisory body details.

(the supervisory body) gives notice that the standard deprivation of liberty authorisation under the Mental Capacity Act 2005 in respect of

(full name of relevant person)

One horizontal rectangular box for the name of the relevant person.

in relation to their accommodation in

(full name and address of relevant hospital or care home)

Three horizontal rectangular boxes stacked vertically for the hospital or care home details.

(date)

has been suspended, with effect from

One horizontal rectangular box for the date of suspension.

This is because

(insert reason(s))

A large vertical rectangular box for providing the reasons for suspension.

Signed:
on behalf of the supervisory body

Name:

Date:

End of suspension of standard authorisation

(full name and address of the supervisory body)

[Empty text box for supervisory body details]

(the supervisory body) gives notice that the standard deprivation of liberty authorisation under the Mental Capacity Act 2005 in respect of

(full name of relevant person)

[Empty text box for relevant person name]

in relation to their accommodation in

(full name and address of relevant hospital or care home)

[Empty text box for hospital or care home details]

(date)

is again in force with effect from [Empty date box]

(date)

and will remain in force until [Empty date box]

This is because

(insert reason(s))

[Large empty text box for reasons]

Signed:
on behalf of the supervisory body

Name:

Date:

Termination of standard authorisation

(full name and address of the supervisory body)

Four stacked rectangular boxes for entering the full name and address of the supervisory body.

(the supervisory body) gives notice that the standard deprivation of liberty authorisation under the Mental Capacity Act 2005 in respect of

(full name of relevant person)

One rectangular box for entering the full name of the relevant person.

in relation to their accommodation in

(full name and address of relevant hospital or care home)

Three stacked rectangular boxes for entering the full name and address of the relevant hospital or care home.

(date)

will cease to be in force on

This is because

(insert reason(s))

A large rectangular box for inserting the reason(s) for the termination of the standard authorisation.

Signed:
on behalf of the supervisory body

Name:

Date:

Urgent Authorisation

PART 1

To be completed in all cases

(full name)

I

(full name, address
and telephone
number of managing
authority)

of

have made an urgent authorisation under Part 5 of Schedule A1 to the Mental Capacity Act 2005 in respect of

(full name of relevant
person)

(name and address of
relevant hospital or
care home)

residing in

Delete (i) or (ii) as applicable, and insert the details

This is because

(name of supervisory
body)

- (i) the managing authority will be making a request to

the supervisory body, for a standard authorisation, but believe that the need for the relevant person to be a detained resident is so urgent that it is appropriate for the detention to begin before that request is made.

(name of supervisory
body)

- (ii) the managing authority have made a request to

the supervisory body, for a standard authorisation, but believe that the need for the relevant person to be a detained resident is so urgent that it is appropriate for the detention to begin before that request is disposed of.

(date)

This urgent authorisation commences on

(date)

and will come to an end on

The purpose for which this urgent authorisation is given is

(insert the purpose of the urgent authorisation)

Signed:
on behalf of the managing authority

Date:

Part 2

(Only to be completed if the duration of the urgent authorisation is extended by the supervisory body)

(name of supervisory body)

, the supervisory body, has

notified the managing authority that the duration of this urgent authorisation may be extended.

Accordingly this urgent authorisation is varied, and will now be in force until

(date)

Signed:
on behalf of the managing authority

Name:

Date:

Request to extend duration of the urgent authorisation

(name of supervisory body)

To

(full name)

I

(full name, address and telephone number of managing authority)

of

request an extension of the urgent authorisation in respect of

(full name of relevant person)

(full address of current residence)

of

(date)

The urgent authorisation was made on

(date)

and will expire on

A copy of the urgent authorisation is attached to this request.

Delete (i) or (ii) as applicable, and where (i) applies insert the date

(date)

(i) A request for a standard authorisation was made to the supervisory body on

(ii) A request for a standard authorisation is attached.

It is essential for the existing detention to continue until the request for a standard authorisation has been disposed of, because

(insert reasons)

Signed:

Date:

Extension of urgent authorisation

(name of managing authority)

To

The duration of the urgent authorisation made in respect of

(full name of relevant person)

(full address of current residence)

of

may be extended in line with the managing authority's request. The urgent authorisation

(date)

will now expire on

Reasons for extending the duration of the urgent authorisation

- (i) The supervisory body has received a request from the managing authority for a standard authorisation. This request has not yet been disposed of.

AND

- (ii) It appears to the supervisory body that there are exceptional reasons why the request has not yet been disposed of, these are

(insert reasons)

AND

- (iii) The supervisory body is satisfied that it is essential that the existing detention continues until the request is disposed of, because

(insert reasons)

Signed:

Date:

Record of assessment of age requirement

(name of supervisory body)

To

(full name)

I

(full address)

of

(full name of relevant person)

have undertaken an assessment of whether meets the age requirement set out in paragraph 13 of Schedule A1 to the Mental Capacity Act 2005.

Findings of assessment

Delete (i) or (ii) as applicable

(i) The relevant person does not meet the age requirement

(ii) The relevant person does meet the age requirement

(insert reasons, where the date of birth is known this should be recorded, alternatively set out evidence which leads you to believe the person is aged 18 years or over (or will be at the date the standard authorisation is due to come into force))

The reason(s) for my findings are

(date)

This assessment was undertaken on

I confirm that in undertaking this assessment, I have taken into account any information given to me or submissions made, by:

- a) the relevant person’s representative (if appointed)
- b) any Independent Mental Capacity Advocate instructed for the relevant person.

Signed:

Date:

Record of assessment of mental health requirement

(name of supervisory body)

To

(full name)

I

(full address)

of

(full name of relevant person)

have undertaken an assessment of whether

meets the mental health requirement set out in paragraph 14 of Schedule A1 to the Mental Capacity Act 2005.

(delete as applicable)*

* I am approved under section 12 of the Mental Health Act 1983 as having special experience in the diagnosis or treatment of mental disorder

* I am a registered medical practitioner with relevant experience in the diagnosis or treatment of mental disorder

Findings of assessment

Delete (i) or (ii) as applicable

(i) The relevant person does not meet the mental health requirement

(ii) The relevant person does meet the mental health requirement

The reason(s) for my findings are

(insert reasons, these should include the relevant person's symptoms and behaviour and explain how these lead to your opinion)

(* delete as applicable)

(name of hospital or care home)

In my opinion the relevant person's mental health is/is not* likely to be affected by being a detained resident in

The reasons for my opinion are:

(briefly state how their mental health is likely to be affected, if at all, and where not applicable state why)

(date)

This assessment was undertaken on

I confirm that in undertaking this assessment, I have taken into account any information given to me or submissions made, by:

- a) the relevant person's representative (if appointed)
- b) any Independent Mental Capacity Advocate instructed for the relevant person.

During my assessment I examined the following records and documents

(list records and documents examined, this may be generally or specifically as relevant)

Signed:

Date:

Record of assessment of mental capacity requirement

(name of supervisory body)

To

(full name)

I

(full address)

of

(full name of relevant person)

have undertaken an assessment of whether meets the mental capacity requirement set out in paragraph 15 of Schedule A1 to the Mental Capacity Act 2005.

(profession)

I am a

Findings of assessment

Delete (i) or (ii) as applicable

- (i) The relevant person does not meet the mental capacity requirement
- (ii) The relevant person does meet the mental capacity requirement

The reason(s) for my findings are

(insert reasons, these should set out whether the person is able to make a decision regarding being accommodated in the hospital or care home, with reference to section 3 of the Mental Capacity Act 2005)

(date)

This assessment was undertaken on

I confirm that in undertaking this assessment, I have taken into account any information given to me or submissions made, by:

- a) the relevant person's representative (if appointed)
- b) any Independent Mental Capacity Advocate instructed for the relevant person.

During my assessment I examined the following records and documents

(list records and documents examined, this may be generally or specifically as relevant)

Signed:

Date:

Record of assessment of best interests requirement

Part 1

(To be completed in all cases)

(name of supervisory body)

To

(full name)

I

(full address)

of

(full name of relevant person)

have undertaken an assessment of whether meets the best interests requirement set out in paragraph 16 of Schedule A1 to the Mental Capacity Act 2005.

I am

(delete as applicable)*

- * approved under section 114(1) of the Mental Health Act 1983 to act as an approved mental health professional for the purposes of that Act
- * a social worker registered with the Care Council for Wales
- * a first level nurse, registered in Sub-Part 1 of the Nurses' Part of the Register maintained under Article 5 of the Nursing and Midwifery Order 2001
- * an occupational therapist registered in Part 6 of the register maintained under Article 5 of the Health Professions Order 2001
- * a chartered psychologist listed in the British Psychological Society's Register of Chartered Psychologists and hold a practising certificate issued by that Society

I confirm that I am not involved in the care or treatment, or in making decisions about the care or treatment, of the relevant person.

Findings of assessment

Delete (i) or (ii) as applicable

- (i) The relevant person does not meet the best interests requirement
- (ii) The relevant person does meet the best interests requirement

I have considered what I believe to be all of the relevant circumstances and, in particular, the matters referred to in section 4 of the Mental Capacity Act 2005.

I have taken into account:

- the conclusions of the mental health assessor as to how the relevant person’s mental health may be affected by their being deprived of liberty;
- any assessment of the relevant person’s needs in connection with their accommodation in the hospital or care home; and
- any care plan that sets out how the relevant person’s needs are to be met while she or he is accommodated in the hospital or care home.

I confirm that in undertaking this assessment, I have taken into account any information given to me or submissions made, by:

- a) the relevant person’s representative (if appointed)
- b) any Independent Mental Capacity Advocate instructed for the relevant person.

I have consulted with the following interested persons:

(insert details of all interested persons consulted)

Name:	
Address:	
	Relationship to relevant person:
Name:	
Address:	
	Relationship to relevant person:
Name:	
Address:	
	Relationship to relevant person:
Name:	
Address:	
	Relationship to relevant person:
Name:	
Address:	
	Relationship to relevant person:
Name:	
Address:	
	Relationship to relevant person:
Name:	
Address:	
	Relationship to relevant person:
Name:	
Address:	
	Relationship to relevant person:
Name:	
Address:	
	Relationship to relevant person:
Name:	
Address:	
	Relationship to relevant person:

Continue on separate sheet if required

Part 2

(To be completed where the person does not meet the best interests requirement)

In my opinion the person does not meet the best interests requirement because:

(delete the indents which do not apply)

- (i) the relevant person is not, or will not be, a detained resident
- (ii) it is not in the relevant person's best interests that they are a detained resident
- (iii) it is not necessary in order to prevent harm to the relevant person that they are a detained resident
- (iv) it is not a proportionate response to either the likelihood of the relevant person suffering harm or the seriousness of that harm for them to be a detained resident

The reason(s) for my findings are

(insert reasons which address each of the relevant indents above)

If the following statement does not apply, it should be deleted in full and a line put through the reasons box.

Having reached my determination that the person does not meet the best interest requirement, I am also of the opinion that the relevant person is (or will be) unlawfully deprived of their liberty because

(insert reasons)

Note: proceed to Part 5 of this form

Part 3

(To be completed where the person does meet the best interests requirement)

In my opinion the person does meet the best interests requirement because:

(all indents must apply, and none should be deleted. If an indent should be deleted the person does not meet the best interests requirement and Part 2 of this form should be completed instead)

- (i) the relevant person is, or will be, a detained resident
- (ii) it is in the relevant person's best interests that they are a detained resident
- (iii) it is necessary in order to prevent harm to the relevant person that they are a detained resident
- (iv) it is a proportionate response to either the likelihood of the relevant person suffering harm or the seriousness of that harm for them to be a detained resident

The reason(s) for my findings are

(insert reasons which address each of the relevant indents above)

The maximum period it is appropriate for a standard authorisation to be in force is

(insert duration in days, weeks or months or actual date by which it should come to an end)

Part 4

(To be completed where the person does meet the best interests requirement)

Complete either Part 4A or Part 4B – use Part 4A where this is an assessment for an authorisation or further authorisation, use Part 4B where this is a review assessment (under Part 8 of Schedule A1) for an existing authorisation .

Part 4A (First assessment)

I have considered whether to make recommendations to the supervisory body about conditions to be attached to any standard authorisation.

(delete indent which does not apply)

- (i) I have no recommendations to make regarding any conditions
- (ii) I recommend that the following conditions should be attached to any standard authorisation:

(insert conditions, continuing on a separate sheet if necessary)

Part 4B (Review assessment)

I have considered whether the existing conditions should be varied.

(delete indent which does not apply)

- (i) I am of the opinion that the existing conditions to which the standard authorisation is subject remain appropriate and should not be varied
- (ii) I recommend that the existing conditions should be varied, and the following conditions made (and no others):

(insert conditions, continuing on a separate sheet if necessary)

Part 5
(To be completed in all cases)

(date)

This assessment was undertaken on

During my assessment I examined the following records and documents

(list records and documents examined, this may be generally or specifically as relevant)

Signed:

Date:

Record of assessment of eligibility requirement

Part 1

(To be completed in all cases)

(name of supervisory body)

To

(full name)

I

(full address)

of

(full name of relevant person)

have undertaken an assessment of whether meets the eligibility requirement set out in paragraph 17 of Schedule A1 to the Mental Capacity Act 2005.

(profession)

I am a

Findings of assessment

Delete (i) or (ii) as applicable

- (i) The relevant person does not meet the eligibility requirement
- (ii) The relevant person does meet the eligibility requirement

The reason(s) for my findings are

(insert reasons, these should set out whether or not the person is subject to a hospital treatment, community treatment or guardianship regime and if so, the details of that regime)

(date)

This assessment was undertaken on

I confirm that in undertaking this assessment, I have taken into account any information given to me or submissions made, by:

- a) the relevant person's representative (if appointed)
- b) any Independent Mental Capacity Advocate instructed for the relevant person.

I have also taken account of the relevant eligibility information gathered in the assessment of the best interests requirement.

During my assessment I examined the following records and documents

(list records and documents examined, this may be generally or specifically as relevant)

Signed:

Date:

Record of assessment of no refusals requirement

(name of supervisory body)

To

(full name)

I

(full address)

of

(full name of relevant person)

have undertaken an assessment of whether meets the no refusals requirement set out in paragraph 18, 19 and 20 of Schedule A1 to the Mental Capacity Act 2005.

Findings of assessment

Delete (i) or (ii) as applicable

(i) The relevant person does not meet the no refusals requirement, because

(delete the reason that does not apply)*

- * The proposed treatment conflicts with a valid and applicable advance decision
- * The proposed arrangements conflict with a valid and applicable decision made by a donee or deputy

(ii) The relevant person does meet the no refusals requirement, because

(delete the reason that does not apply)*

- * There is no advance decision, lasting power of attorney or deputy to consider
- * There is an advance decision, lasting power of attorney or deputy to consider but it does not prevent these arrangements being made

The reason(s) for my findings are

(insert reasons which explain why the advance decision, deputy or donee does/does not conflict with the proposed arrangements)

(date)

This assessment was undertaken on

I confirm that in undertaking this assessment, I have taken into account any information given to me or submissions made, by:

- a) the relevant person's representative (if appointed)
- b) any Independent Mental Capacity Advocate instructed for the relevant person.

During my assessment I examined the following records and documents

(list records and documents examined, this may be generally or specifically as relevant)

Signed:

Date:

Record of assessment of unauthorised deprivation of liberty

Part 1
(To be completed in all cases)

(name of supervisory body)

To

(full name)

I

(full address)

of

am

(delete as applicable)*

- * approved under section 114(1) of the Mental Health Act 1983 to act as an approved mental health professional for the purposes of that Act
- * a social worker registered with the Care Council for Wales
- * a first level nurse, registered in Sub-Part 1 of the Nurses' Part of the Register maintained under Article 5 of the Nursing and Midwifery Order 2001
- * an occupational therapist registered in Part 6 of the register maintained under Article 5 of the Health Professions Order 2001
- * a chartered psychologist listed in the British Psychological Society's Register of Chartered Psychologists and hold a practising certificate issued by that Society

I confirm that I am not involved in the care or treatment, or in making decisions about the care of treatment, of the relevant person.

(full name of relevant person)

I have assessed whether or not

(name and address of hospital or care home)

is being kept in

in circumstances that amount of a deprivation of liberty. In carrying out this assessment I have consulted with

(name, address and relationship to relevant person of the interested persons consulted)

Name:
Address:
Relationship to relevant person:
Name:
Address:
Relationship to relevant person:
Name:
Address:
Relationship to relevant person:
Name:

Address:
Relationship to relevant person:
Name:
Address:
Relationship to relevant person:
Name:
Address:
Relationship to relevant person:
Name:
Address:
Relationship to relevant person:
Name:
Address:
Relationship to relevant person:

Continue on separate sheet if necessary

I have concluded that the relevant person is:

- (i) not being kept in the hospital/care home in circumstances that amount to a deprivation of their liberty
- (ii) being kept in the hospital/care home in circumstances that amount to a deprivation of their liberty

(delete the indent which does not apply)

This is because

(insert reasons which explain the circumstances which lead to the conclusion that the relevant person is being deprived of their liberty)

[If the relevant person is not deprived of their liberty, cross through Part 2 of this form, and complete Part 3 of this form. If the relevant person is deprived of their liberty, complete Parts 2 and 3 of this form]

Part 2

(To be completed if the relevant person is deprived of their liberty)

Having considered the circumstances of the case, I am of the opinion that the deprivation of the relevant person's liberty is

(i) authorised

(ii) unauthorised

(delete the indent which does not apply)

This is because

(insert reasons which explain why the deprivation of liberty is or is not authorised. Where it is authorised, the lawful authority must be set out)

Part 3

(To be completed in all cases)

(date)

This assessment was undertaken on

During my assessment I examined the following records and documents

(list records and documents examined, this may be generally or specifically as

Signed:

Date:

Selection of the relevant person's representative

(name of supervisory body)

To

(full name of best interests assessor)

I

(full address)

of

have considered who, if anybody, should be approved to be appointed as the relevant person's representative in respect of

(full name of relevant person)

Part 1

(To be completed where a prospective representative has been selected)

The proposed representative has been selected by:

(delete the three indents which do not apply)

(i) the relevant person who has capacity to make this decision

(ii) the donee of the relevant person who has the authority to make this decision, who is

of

(name and address of donee)

(iii) the deputy of the relevant person who has the authority to make this decision, who is

of

(name and address of deputy)

(iv) myself, as the best interests assessor

The prospective representative that has been selected is

(full name)

(full address)

of

I confirm that I believe this person is eligible to act as the relevant person's representative and that they are willing to undertake this role if appointed by the supervisory body.

Delete (i) or (ii) as applicable

- (i) I approve the person named above to the relevant person's representative if standard authorisation is given.

- (ii) I recommend to the supervisory body that if a standard authorisation is given the person named above should be appointed to the relevant person's representative.

Signed:

Date:

Part 2

(To be completed by the prospective representative identified in Part 1 above)

I confirm that I am willing to be appointed as the relevant person's representative under the Mental Capacity Act 2005.

Signed:

Date:

Part 3

(To be completed where no prospective representative has been identified)

I have not been able to select an eligible person to be a representative, because

(give reasons including details of any persons identified but not selected because they were not eligible. Where no persons have been identified, this should also be stated)

Signed:

Date:

Appointment of the relevant person's representative

(name of representative)

To

(name of supervisory body)

You have been appointed by

(full name of relevant person)

to act as the relevant person's representative, under the Mental Capacity Act 2005 for

(full address of relevant person)

of

in respect of whom a standard authorisation under that Act has been given.

(date)

This appointment commenced on

(date)

and is due to expire on

This appointment has been made because it appears to the supervisory body that you will:

- (i) maintain regular contact with the relevant person
- (ii) represent the person in matters relating to, or in connection with, their deprivation of liberty under the Mental Capacity Act 2005
- (iii) support the person in matters relating to, or in connection with, their deprivation of liberty under the Mental Capacity Act 2005.

The contact details of the supervisory body are

(full address and telephone number)

Signed:
on behalf of the supervisory body

Name:

Date:

Termination of the appointment of the relevant person's representative

(name of representative)

To

(name of supervisory body)

You have been appointed by

(full name of relevant person)

to act as the relevant person's representative, under the Mental Capacity Act 2005 for

(full address of relevant person)

of

in respect of whom a standard authorisation under that Act has been given.

(date)

This appointment will terminate on

and from this date you are no longer authorised to act as the relevant person's representative.

Delete the indents which do not apply

(* delete as applicable)

Your appointment is to be/has been* terminated because

- (i) you have informed the supervisory body that you no longer wish to continue in this role
- (ii) the period of your appointment ends on the termination date
- (iii) the relevant person selected you to be their representative and now objects to you continuing in this role
- (iv) the donee or deputy of the relevant person selected you to be the representative of the relevant person and now objects to you continuing in this role
- (v) the supervisory body is satisfied that you are not maintaining sufficient contact with the relevant person in order to support and represent him or her
- (vi) the supervisory body is satisfied that you are no longer eligible, or were not eligible at the time of appointment, to be the representative
- (vii) the supervisory body is satisfied that you are not acting in the best interests of the relevant person

The reason(s) why the supervisory body has reached this decision is (are)

(insert full reasons, which clearly set out the reasons why the supervisory body has terminated the appointment)

The contact details of the supervisory body are

(full address and telephone number)

Signed:
on behalf of the supervisory body

Name:

Date:

Annex B – Standard Letters

Letter 1: Notification of finding of an unauthorised deprivation of liberty

To : [Name of relevant person]
[Name of managing authority]
[Name of any IMCA]
[Name(s) of any interested persons consulted by the best interests assessor]

Date : [Date of notice]

NOTICE OF AN UNAUTHORISED DEPRIVATION OF LIBERTY

On behalf of [name of supervisory body] I am writing to notify you that the supervisory body has received a report from [name of best interests assessor], following [his/her] assessment in relation to [name of relevant person].

That report includes a statement that it appears to the assessor, that there is an unauthorised deprivation of liberty in respect of [name of relevant person] who is currently residing at [name of current residence]. [A copy of the assessment is attached.]

As a result [detail next steps].

If you have any questions in the meantime please contact [insert relevant contact details within the supervisory body].

Signed
Name
Designation

Letter 2: Notification of receipt of third party request to consider a potential deprivation of liberty

To : [Name of relevant person]
[Name of managing authority]
[Name of any IMCA]
[Name of third party, if not the IMCA or relevant person]

Date : [Date of notice]

NOTICE OF REQUEST TO CONSIDER AN UNAUTHORISED DEPRIVATION OF LIBERTY

On behalf of [name of supervisory body] I am writing to notify you that as the supervisory body we have received a request from [name of third party] to consider whether or not a standard authorisation for the deprivation of liberty should be made in respect of [name of relevant person].

Insert paragraph (a) if request is declined

Insert paragraph (b) if request is to be taken forward

- (a) Having considered this request, we have decided to not to proceed with the request because [insert reason].

If you have any questions about this notice, please contact [insert relevant contact details within the supervisory body].

- (b) Having considered this request, we have appointed [name of best interests assessor] to undertake an assessment of whether or not [name of relevant person] is a detained resident.

We will shortly notify you of the findings of this assessment. If you have any questions in the meantime please contact [insert relevant contact details within the supervisory body].

Signed [signature]

Name

Designation

Letter 3: Notification of findings following a third party request

To : [Name of relevant person]
[Name of managing authority]
[Name of any IMCA]
[Name of third party, if not the IMCA or relevant person]
[Name of interested persons – if there is an unauthorised deprivation of liberty only]

Date : [Date of notice]

NOTICE OF OUTCOME OF CONSIDERATION OF AN UNAUTHORISED DEPRIVATION OF LIBERTY

On behalf of [name of supervisory body] I am writing to further notify you that as the supervisory body we have now considered (at the request of [name of third party]) whether or not [name of relevant person] is unlawfully deprived of their liberty at [name of hospital/care home].

Insert paragraph (a) if P is deprived of their liberty

Insert paragraph (b) if P is not deprived of their liberty

- (a) Following an assessment undertaken by [name of best interests assessor] at our instruction, we confirm that although [name of relevant person] is deprived of their liberty, there is a lawful authority for this – namely [enter details of lawful authority]. Therefore the supervisory body will take no further action in this matter.
- (b) Following an assessment undertaken by [name of best interests assessor] at our instruction, we confirm that [name of relevant person] is not deprived of their liberty. Therefore the supervisory body will take no further action in this matter.
- (c) Following an assessment undertaken by [name of best interests assessor] at our instruction, we have received the report which includes a statement that it appears to the assessor, that there is an unauthorised deprivation of liberty in respect of [name of relevant person] who is currently residing at [name of current residence].

As a result [name of managing authority] will be asked to provide certain information to us, and we will arrange for further assessments to be undertaken, with a view to making a standard authorisation under the Mental Capacity Act Deprivation of Liberty Safeguards.

We will shortly notify you of the findings of these further assessments.

A copy of the assessment report is attached for your information.

If you have any questions about this notice, please contact [insert relevant contact details within the supervisory body].

Signed [signature]

Name

Designation

Letter 4: Notice that a standard authorisation cannot be given

To : [Name of managing authority]
[Name of relevant person]
[Name of any section 39A IMCA]
[Name(s) of any interested persons consulted]

Date : [Date of notice]

STANDARD AUTHORISATION OF A DEPRIVATION OF LIBERTY UNDER THE MENTAL CAPACITY ACT 2005 NOT GRANTED

On behalf of [name of supervisory body] I am writing to advise you that following the request made by [name of managing authority] for a standard deprivation of liberty authorisation in respect of [name of relevant person], this will not be given.

Assessments undertaken as following the request have determined that [name of relevant person] does not meet all of the qualifying requirements for such an authorisation to be given.

This is because [give reasons, and where relevant explain any next stage].

Copies of the relevant assessments are attached for your information. **{Note – this line should be deleted in the letter sent to interested persons consulted by the best interests assessor, as they do not receive copies of the assessments}**

If you have any questions about this notice, please contact [insert relevant contact details within the supervisory body].

Signed [signature]

Name

Designation

Letter 5: Notification to cease assessments

To : [Name(s) of assessor]

Date : [Date of notice]

NOTICE TO CEASE UNDERTAKING AN ASSESSMENT

We have previously asked you to undertake an [name of assessment(s)] in respect of [name of relevant person].

We are now giving you notice, as required by paragraph 133(3) of Schedule A1 to the Mental Capacity Act 2005, that you are to cease carrying out [that/those assessment/s]. This notice has been given because it has been found that [name of relevant person] does not meet the [title] qualifying requirement.

Please can you now return, for our records, any papers or documents you have gathered in respect of this matter?

Thank you.

Signed
Name
Designation

Letter 6: Provision of information relating to a standard authorisation

To : [Name of relevant person's representative]
[Name of any section 39D IMCA appointed]

Date : [Date of letter]

COPY OF WRITTEN INFORMATION GIVEN IN RESPECT OF A STANDARD AUTHORISATION

On behalf of [name of managing authority] I am providing you with a copy of the written information which we have given to [name of relevant person] in relation to the standard deprivation of liberty authorisation made in respect of [him/her].

You should have already received a copy of the authorisation, and assessments, direct from the supervisory body ([name of supervisory body]).

If you have any questions about this information, please contact [insert relevant contact details within the managing authority].

Signed [signature]

Name

Designation

Letter 7: Notification of review of standard authorisation

To : [Name of relevant person]
[Name of relevant person's representative]
[Name of managing authority]

Date : [Date of notice]

NOTICE OF REVIEW OF STANDARD AUTHORISATION UNDER PART 8 OF SCHEDULE A1 TO THE MENTAL CAPACITY ACT 2005

On behalf of [name of supervisory body] I am writing to notify you that as the supervisory body we will be undertaking a review of the standard authorisation for the deprivation of liberty made in respect of [name of relevant person].

We are undertaking this review because we [have been requested to do so by [name]/believe a review is appropriate at this time].

I will write to you again following this review to notify you of the outcome of the review. If you have any questions in the meantime please contact [insert relevant contact details within the supervisory body].

Signed [signature]

Name

Designation

Letter 8: Notice of variation to the standard authorisation

To : [Name of relevant person]
[Name of relevant person's representative]
[Name of managing authority]
[Name of any section 39D IMCA appointed]

Date : [Date of letter]

VARIATION TO THE STANDARD AUTHORISATION

On behalf of [name of supervisory body] I am notifying you that the review of the standard authorisation which was made on [date] in respect of [name of relevant person] has been completed.

Insert paragraph (a) if no variation is required

Insert paragraph (b) if authorisation varied, and reason for meeting a qualifying requirement has changed

Insert paragraph (b) if authorisation varied, and if conditions attached the standard authorisation have changed

- (a) The findings of the review assessments undertaken indicate that the standard authorisation may remain unchanged. I attach a copy of the assessments for your information. No further action will be taken in this matter by the supervisory body.
- (b) The findings of the review assessments undertaken indicate that the standard authorisation should remain in place, but should be varied. Accordingly the authorisation has been varied to show that the reason that [name of relevant person] meets the [name of qualifying requirement] qualifying requirement has changed. The reason is now [insert reason]

I attach a copy of the variation, which should be held with the copy of the standard authorisation. I also attach a copy of the relevant assessment which has led to the authorisation being varied.

- (c) The findings of the review assessments undertaken indicate that the standard authorisation should remain in place, but should be varied. Accordingly the authorisation has been varied to show that the conditions attached to the standard authorisation have been changed.
[There are now no conditions attached to the authorisation] [The conditions are now ...]

If you have any questions about this notice, please contact [insert relevant contact details within the supervisory body].

Signed [signature]
Name
Designation

Letter 9: Notice of end of the standard authorisation

To : [Name of managing authority]
[Name of relevant person]
[Name of relevant person's representative]
[Name(s) of any interested persons consulted]

Date : [Date of notice]

END OF STANDARD AUTHORISATION OF A DEPRIVATION OF LIBERTY UNDER THE MENTAL CAPACITY ACT 2005

On behalf of [name of supervisory body] I am writing to advise you that the standard authorisation made in respect of [name of relevant person] has ceased to be in force, with effect from [date].

This is because [give reasons, and where relevant explain any next stage].

I attach a copy of the record of the end of this authorisation for your information.

Signed [signature]

Name

Designation

Letter 10: Urgent authorisation

To : [Name of relevant person]
[Name of any IMCA]

Date : [Date of notice]

URGENT AUTHORISATION OF A DEPRIVATION OF LIBERTY UNDER THE MENTAL CAPACITY ACT 2005

On behalf of [name of managing authority] I am writing to advise you that an urgent authorisation under the Deprivation of Liberty Safeguards of the Mental Capacity Act 2005 has been made in respect of [you/name of relevant person]. This authorisation will last until [date].

A copy of the urgent authorisation is attached to this letter. I also enclose an information leaflet which explains the effect of this authorisation, and also the right to make an application to the Court of Protection for consideration of this matter.

I will arrange for a member of the care team to explain to you in person what this authorisation means and your rights in respect of the Court of Protection.

Signed [signature]

Name

Designation

Letter 11: Notice of request to extend the urgent authorisation

To : [Name of relevant person]

Date : [Date of notice]

URGENT AUTHORISATION OF A DEPRIVATION OF LIBERTY UNDER THE MENTAL CAPACITY ACT 2005

On behalf of [name of managing authority] I am writing to advise you we have today sought an extension to the urgent authorisation which is in place. This authorisation gives [name of managing authority] the authority to detain you in this [hospital/care home].

[Name of supervisory body] is considering our request, and you will be notified very shortly of the outcome of their consideration.

I will arrange for a member of the care team to explain to you in person what this request means and your rights in respect of the Court of Protection.

Signed [signature]

Name

Designation

Letter 12: Notice of extension of the urgent authorisation

To : [Name of relevant person]
[Name of section 39A IMCA]

Date : [Date of notice]

URGENT AUTHORISATION OF A DEPRIVATION OF LIBERTY UNDER THE MENTAL CAPACITY ACT 2005

On behalf of [name of managing authority] I am writing to advise you that [name of supervisory body] has extended the duration of the urgent authorisation made in respect of [you/name of relevant person]. This will now expire on [date].

I attach a copy of the amended urgent authorisation, together with a copy of the notice which we have received from [name of supervisory body]. This shows the reasons that the supervisory body granted the extension.

I will arrange for a member of the care team to explain to you in person what this means and your rights in respect of the Court of Protection.

Signed [signature]

Name

Designation

Letter 13: Notice of refusal to extend the urgent authorisation

To : [Name of managing authority]

Copy to: [Name of relevant person]
[Name of section 39A IMCA]

Date : [Date of notice]

REFUSAL TO EXTEND AN URGENT AUTHORISATION OF A DEPRIVATION OF LIBERTY UNDER THE MENTAL CAPACITY ACT 2005

On behalf of [name of supervisory body] I am writing to advise you that we have decided not to extend the urgent authorisation which you have made in respect of [name of relevant person]. The urgent authorisation will therefore end on [date].

This decision has been made because [reasons].

A copy of this notice is being provided to [name of relevant person and section 39A IMCA].

Signed [signature]

Name

Designation

Letter 14: Notice of the end of the urgent authorisation

To : [Name of relevant person]
[Name of any section 39A IMCA]

Date : [Date of notice]

END OF URGENT AUTHORISATION OF A DEPRIVATION OF LIBERTY UNDER THE MENTAL CAPACITY ACT 2005

On behalf of [name of supervisory body] I am writing to advise you that the urgent authorisation made in respect of [name of relevant person] has ceased to be in force, with effect from [date].

This is because [give reasons, and where relevant explain any next stage].

Signed [signature]

Name

Designation

Letter 15: Appointment of the relevant person's representative

To : [Name of relevant person]
[Name of managing authority]
[Name of any donee]
[Name of any deputy]
[Name of any IMCA]
[Name(s) of any person consulted by the best interests assessor]

Copy : [Name of relevant person's representative]

Date : [Date of notice]

APPOINTMENT OF REPRESENTATIVE

On behalf of [name of supervisory body] I am writing to advise you that [name of representative] has been appointed by this supervisory body to act as the relevant person's representative in respect of [name of relevant person], with effect from [date].

I attach a copy of the relevant appointment notice.

Signed [signature]
Name
Designation

Letter 16: Termination of the relevant person's representative

To : [Name of relevant person]
[Name of managing authority]
[Name of any donee]
[Name of any deputy]
[Name of any IMCA]
[Name(s) of any person consulted by the best interests assessor]

Copy : [Name of relevant person's representative]

Date : [Date of notice]

TERMINATION OF APPOINTMENT OF REPRESENTATIVE

On behalf of [name of supervisory body] I am writing to advise you that the appointment of [name of representative] as the relevant person's representative of [name of relevant person] has been terminated, with effect from [date].

This is because [insert reason(s)]. I attach a copy of the relevant appointment notice.

[If applicable: I will notify you in due course of the name of the new representative when they have been appointed].

Signed [signature]
Name
Designation

