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| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 2****MANAGING AUTHORITY’S REQUEST FOR A FURTHER STANDARD AUTHORISATION** |
| Full name of person being deprived of their liberty |  | Sex |  |
| Date of Birth(or estimated age if unknown) |  |
| Person to contact and details of care home or hospital (Managing Authority): |
| Name |  |
| Address  |  |
| Telephone |  |
| **THE DATE FROM WHICH THE FURTHER STANDARD AUTHORISATION IS SOUGHT:**A further Standard Authorisation is required to start on this date because the existing Standard Authorisation expires at this time. |
| **THE NATURE OF THE PROPOSED DEPRIVATION OF LIBERTY**  |
| * Explain why the person is or will not be free to leave and why they are under continuous supervision and continuous control (the acid test).
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| **PLEASE NOW SIGN AND DATE THIS FORM (to be signed by the Managing Authority)** |
| Signature |  | Print name |  |
| Position |  |
| Date |  | Time |  |