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| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 10**  **REVIEW OF CURRENT STANDARD AUTHORISATION** | | | | |
| Full name of person being deprived of liberty |  | | | |
| Date of Birth(or estimated age if unknown) |  | | | |
| Name and address of care home or hospital where the person is deprived of their liberty |  | | | |
| Name and address of organisation or person requesting the review  \*nb: persons requesting a review include the relevant person, the relevant person’s representative, the person’s IMCA or the Managing Authority of the relevant hospital or care home\* |  | | | |
| Name and address of the Supervisory Authority where this form is being sent | ***Rhondda Cynon Taf County Borough Council***  ***Or***  ***Merthyr Tydfil County Borough Council*** *(please delete as applicable)*  *Merthyr Tydfil and RCT DoLS Partnership*  *Community Care*  *RCT Council Offices*  *Ty Elai*  *Dinas Isaf East, Williamstown Tonypandy*  *CF40 1NY* | | | |
| **A REVIEW OF THE CURRENT AUTHORISATION IS REQUESTED ON THE FOLLOWING GROUNDS (to be completed by the Managing Authority)**  (place a cross in all boxes that apply) | | | | |
| The person no longer meets the age, mental health, mental capacity, best interests or no refusals requirements, **or** | | | |  |
| The person no longer meets the eligibility requirement because he now objects to receiving treatment for his mental health in hospital and he meets the criteria for detention under s.2 or 3 of the Mental Health Act 1983 Act, **or** | | | |  |
| The reason why the person meets a qualifying requirement is not the reason stated in the authorisation, **or** | | | |  |
| There has been a change in the person’s case and, because of that change, it would be appropriate to vary the conditions of the authorisation (this ground only applies to the best interests requirement). | | | |  |
| Please give details: | | | | |
| **REQUEST FOR** **REVIEW TO CEASE OR VARY THE CONDITIONS OF A DOLS STANDARD AUTHORISATION** | | | | |
| The Managing Authority requests a review because it believes that the Standard Authorisation will no longer be required. This is on the grounds that the person no longer meets the best interest’s requirement or that the conditions imposed should be reviewed. | | | | |
| The person has left / is due to leave the care home on | | |  | |
| The person is due to be / has been discharged from hospital on | | |  | |
| The person’s new address is | |  | | |
| This follows a best interest decision (attached) made on | |  | | |
| It is no longer in their best interest to be accommodated in this care home or hospital because:  Nb: please detail what safeguarding arrangements have been put in place in the person’s new place of residence if needed. | | | | |
| The conditions of the standard authorisation need to be reviewed because: | | | | |

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| **PLEASE NOW SIGN AND DATE THIS FORM (signed on behalf of the Managing Authority)** | | | |
| Signature |  | Print Name |  |
| Position |  | | |
| Date |  | Time |  |

***The remainder of this form will be completed by the Supervisory Body***

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| **SUPERVISORY BODY’S DECISION WITH REGARD TO WHETHER ANY QUALIFYING REQUIREMENTS ARE REVIEWABLE** | | | | |
| The Supervisory Body has decided to refuse the request for a review for the following reasons: | | | | |
| This review is therefore complete and the existing Standard Authorisation will continue to be in force until: | | | | |
| The Supervisory Body has decided that at least one of the qualifying requirements is reviewable, as a result of which the following review assessments were carried out: | | | | |
| **REQUIREMENT** | | **MET** | **NOT MET** | **CHANGE OF REASON** |
| Age requirement | |  |  |  |
| No Refusals requirement | |  |  |  |
| Eligibility requirement | |  |  |  |
| Mental Health | |  |  |  |
| Mental Capacity | |  |  |  |
| Best Interests requirement | |  |  |  |
| **OUTCOME OF REVIEW (select one option below)** | | | | |
| At least one of the requirements were not met and the Standard Authorisation will therefore cease with effect from: | | | | |
| Based on the assessments that were carried out, the reasons given in the Standard Authorisation as to why the person meets the requirements have been varied as described above. | | | | |
| All the review assessments carried out concluded that the person continues to meet the requirements to which they relate. The Standard Authorisation continues to be in force until:  subject to any variation in conditions shown below: | | | | |
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| 3 |  | | | |
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| 6 |  | | | |

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| **REVIEW OF CONDITIONS** | | |
| There has not been any **significant** change in the person’s circumstances and any changes there have been do not result in the need to vary the conditions. Therefore the existing conditions remain in force. | |  |
| The Supervisory Body has decided to vary the conditions either because of a significant change or because some change has occurred which makes this appropriate. The new conditions are described below. | |  |
| 1 |  | |
| 2 |  | |
| 3 |  | |
| 4 |  | |
| 5 |  | |
| 6 |  | |

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| **PLEASE NOW SIGN AND DATE THIS FORM *(signed on behalf of the Supervisory Body)*** | | | |
| Signature |  | Print Name |  |
| Position |  | | |
| Date |  | Time |  |