|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| AIS Number: Click here to enter text. | | | NHS Number: Click here to enter text. | | | | |
| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 13**  **ASSESSOR REFERRAL** | | | | | | | |
| Full name of person being deprived of, or being assessed, to be deprived of liberty | | Name | |  | | | |
| DOB: | |  | | | |
| Name and address of the care home or hospital where the person is being deprived of, or being assessed to be deprived of liberty | | Name | |  | | | |
| Address | |  | | | |
| Person to contact at the care home or hospital, (include ward details if appropriate) | | Name | |  | | | |
| Telephone | |  | | | |
| Email | |  | | | |
| Ward (if appropriate) | |  | | | |
| Name of the Supervisory Body instructing the Best Interests Assessor / Mental Health Assessor | | Name | | Kent County Council | | | |
| Contact person at Supervisory Body to receive BIA/Mental Health Assessor submissions | | Name | | DOLS Administrator | | | |
| Telephone | | 03000 415777 | | | |
| Fax | | 03000 455758 | | | |
| Email | | [dols@kent.gov.uk](mailto:dols@kent.gov.uk) | | | |
| The information you provide will be held and used in accordance with United Kingdom and European data protection law, and may be shared with authorised partners. | | Kent County Council Privacy Notice | | <https://www.kent.gov.uk/about-the-council/contact-us/access-to-information/gdpr-privacy-notices/adult-social-care-and-health/general-notice-to-cover-adult-social-care-and-health> | | | |
| **CONTACT DETAILS OF ASSESSORS AND KEY PROFESSIONALS** | | | | | | | |
| Best Interests Assessor | | Name | |  | | | |
| Telephone | |  | | | |
| Email | |  | | | |
| Mental Health/Eligibility Assessor | | Name | |  | | | |
| Telephone | |  | | | |
| Email | |  | | | |
| Care Manager or other key professional | | Name | |  | | | |
| Telephone | |  | | | |
| Email | |  | | | |
| IMCA or advocate | | Name | |  | | | |
| Telephone | |  | | | |
| Email | |  | | | |
| **ASSESSMENTS REQUIRED (BEST INTERESTS ASSESSOR)** | | | | | | | |
| Form 3 | Age | | | | |  | |
| Mental Capacity | | | | |  | |
| No Refusals | | | | |  | |
| Best Interests | | | | |  | |
| Selection of a Representative | | | | |  | |
| **ASSESSMENTS REQUIRED (MENTAL HEALTH ASSESSOR)** | | | | | | | |
| Form 4 | Mental Capacity | | | | |  | |
| Mental Health | | | | | **🗸** | |
| Eligibility | | | | | **🗸** | |
| **OTHER INFORMATION** | | | | | | | |
| Also appended to this referral request are the following: | | | | | | | |
| Copy of request for a standard authorisation and urgent authorisation (Form 1) | | | | | | |  |
| Copy of request for a further authorisation (Form 2) | | | | | | |  |
| Copy of relevant care plan | | | | | | |  |
| Copy of Mental Health and Eligibility Assessments (Form 4) | | | | | | |  |
| Signed  *(on behalf of the Supervisory Body)* | | Name | | |  | | |
| Print Name | | |  | | |
| Date | | |  | | |