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| --- | --- |
| 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  |
| 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 |  |