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| AIS / Client Number | Click here to enter text. | | | | NHS Number | | | | Click here to enter text. | | |
| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 7**  **SUSPENSION OF STANDARD AUTHORISATION** | | | | | | | | | | | |
| Full name of the person who is subject to the Standard Authorisation | | | Click here to enter text. | | | | | | | | |
| Date of birth (or estimated age if unknown) | | | Click here to enter text. | | | | | Est. Age | | Click here to enter text. | |
| Name and address of the care home or hospital stated on the Standard Authorisation | | | Click here to enter text. | | | | | | | | |
| Person to contact at the care home or hospital, (include ward details if appropriate) | | | Name | | | Click here to enter text. | | | | | |
| Telephone | | | Click here to enter text. | | | | | |
| Email | | | Click here to enter text. | | | | | |
| Ward | | | Click here to enter text. | | | | | |
| Current location of the person who is subject to the Standard Authorisation | | | Click here to enter text. | | | | | | | | |
| Name of the Supervisory Body | | | Click here to enter text. | | | | | | | | |
| **NOTICE THAT THE PERSON NO LONGER MEETS THE ELIGIBILITY REQUIREMENT** | | | | | | | | | | | |
| The above person no longer meets the eligibility requirement for a Standard Authorisation under Schedule A1 to the Mental Capacity Act 2005.  The Standard Authorisation is suspended from the time this notice is given.  The Standard Authorisation no longer authorises the care home or hospital to deprive the person of their liberty for as long as it is suspended. | | | | | | | | | | | |
| **REASON WHY THE PERSON NO LONGER MEETS THE ELIGIBILITY REQUIREMENT**  *Please select one of the reasons below with reference to Schedule A1 to the Mental Capacity Act 2005* | | | | | | | | | | | |
| The person is now detained in a hospital under one of the following sections of the Mental Health Act 1983: sections 2, 3, 4, 35–38, 44, 45A, 47, 48 or 51. | | | | | | | | | | |  |
| Accommodating the person in this care home or hospital now conflicts with a requirement imposed upon them in connection with their liability to detention under the Mental Health Act 1983. | | | | | | | | | | |  |
| Accommodating the person in this care home or hospital now conflicts with a requirement imposed under the Mental Health Act 1983. (Guardianship or Community Treatment Order for example.) | | | | | | | | | | |  |
| Accommodating the person in this care home or hospital now conflicts with a Guardianship Order | | | | | | | | | | |  |
| **Privacy Notice: I have informed the relevant person and parties consulted that this information will be sent securely to the Supervisory Body at Kent County Council and shared with other professionals as appropriate.** | | | | | | | | | | |  |
|  | | | | | | | | | | |  |
| Signed  *(on behalf of the Managing Authority):* | | Signature | | | | | If signing in this box please also complete digital signature section at the end of the form. | | | | |
| Print Name | | | | | Click here to enter text. | | | | |
| Date of notice (also the date on which the Standard Authorisation is suspended ) | | | | | Click here to enter text. | | | | |
| **Please select one option** | | | | | | | | | | | |
| **NOTICE THAT THE RELEVANT PERSON MEETS THE ELIGIBILTY REQUIREMENT AGAIN** | | | | | | | | | | | |
| During the previous 28 days the Managing Authority gave the Supervisory Body notice that the above person no longer met the eligibility requirement for a Standard Authorisation. The effect of that notice was to suspend the Standard Authorisation. | | | | | | | | | | |  |
| The Managing Authority now gives the Supervisory Body notice that the person once again meets the eligibility requirement for the following reasons and the Standard Authorisation ceases to be suspended when this notice is given. | | | | | | | | | | |  |
| **Privacy Notice:**  **In carrying out this assessment I have informed the relevant person and parties consulted that the information gathered, and their views will be recorded in this request for Deprivation of Liberty Safeguards. Which will be sent securely to the Supervisory Body at Kent County Council and shared with other professionals as appropriate.** | | | | | | | | | | |  |
| Signed  *(on behalf of the Managing Authority)* | | Signature | | If signing in this box please also complete digital signature section at the end of the form. | | | | | | | |
| Print Name | | Click here to enter text. | | | | | | | |
| Date | | Click here to enter text. | | | | | | | |
| **NOTICE THAT THE STANDARD AUTHORISATIONS HAS CEASED TO BE IN FORCE** | | | | | | | | | | | |
| 28 days or more have lapsed starting on the date on which the Standard Authorisation was suspended. In that time, the suspension has not ceased to be suspended. The Standard Authorisation ceased to have effect at the end of the 28 day period (*give date*):  Click here to enter text. | | | | | | | | | | |  |
| Signed  *(on behalf of the Managing Authority)* | | Signature | | If signing in this box please also complete digital signature section at the end of the form. | | | | | | | |
| Print Name | | Click here to enter text. | | | | | | | |
| Date | | Click here to enter text. | | | | | | | |

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| **DIGITAL SIGNATURE SECTION** | |
| Name |  |
| Position |  |