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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | AIS / Client Number |  | NHS Number | Click here to enter text. | | | | | |
| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 8**  **TERMINATION OF APPOINTMENT AS REPRESENTATIVE** | | | | |
| Full name of person being deprived of liberty | |  | | |
| Name and address of representative previously appointed for the person | | Name |  | |
| Address |  | |
| Name and address of the care home or hospital where the person is being deprived of liberty | | Name |  | |
| Address |  | |
| Name of the Supervisory Body | | Kent County Council | | |
| Person to contact at Supervisory Body | | Name | Kent MCA DOLS Service | |
| Telephone | 03000 415777 | |
| Email | dols.office@nhs.net | |
| Your appointment as the person’s representative is to terminate on:  Xx/xx/xxxx because:  *(place a cross in one box)* | | | | |
| 1 | The Standard Authorisation will expire on that date. | | |  |
| 2 | The person selected you to be their representative and they have informed the Supervisory Body that they now object to you continuing to be their representative. | | |  |
| 3 | A donee of a Lasting Power of Attorney or Personal Welfare Deputy appointed by the Court of Protection who selected you has now informed the Supervisory Body that they now object to you continuing to be the person’s representative. | | |  |
| 4 | The Supervisory Body is satisfied that you are not maintaining sufficient contact with the person in order to support and represent them. | | |  |
| 5 | The Supervisory Body is satisfied that you are no longer eligible, or were not eligible at the time the appointment was made. | | |  |
| 6 | You are no longer willing to act as the person’s representative | | |  |
| 7 | The Supervisory Body is satisfied that you are not acting in the best interests of the person | | |  |
| 8 | The Supervisory Body have been notified of the death of the person’s representative | | |  |

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| --- | --- | --- |
| The Supervisory Body’s reasons:  If your appointment it to be terminated on points 4 or 5 on Page 1, the Supervisory Body’s reasons for deciding that particular ground applies are as follows: | | |
| If you wish to make any representations as to why your appointment should not terminate on this date then please make them to the Supervisory Body before:  Click here to enter text.  If no such representations are received this will then constitute notice of termination from the date stated on page 1. | | |
| Privacy Notice:  Kent County Council is registered with the Information Commissioner’s Office for the purposes of processing personal data.  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  As we have a statutory basis for collecting your personal data, we do not need to ask for your permission to collect and share it, however we will only ever share your data on a basis of need, in line with legislation and will work transparently with you at all times.  If you do not provide your data, it will limit the effectiveness of the services and support that we are able to offer you or the Relevant Person, full details of the Adult Social Care and Health Privacy Notice can be found at:  Kent County Council Privacy notice can be found through the following link:  <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> | | |
| Signed  *(on behalf of the Supervisory Body)* | Signature |  |
| Print Name |  |
| Position |  |
| Date |  |