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| AIS / Client Number | Click here to enter text. | NHS Number | Click here to enter text. |

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| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 10**  **REVIEW** | | | | | |
| Full name of person being deprived of liberty | 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 care home or hospital where the person is deprived of liberty | Click here to enter text. | | | | |
| Name and address of organisation or person requesting the review |  | | | | |
| Contact details of organisation or person requesting the review | Name | Click here to enter text. | | | |
| Telephone | Click here to enter text. | | | |
| Email | Click here to enter text. | | | |
| Name of the Supervisory Body where this form is being sent | Kent County Council | | | | |
| **A REVIEW OF THE CURRENT AUTHORISATION IS REQUESTED ON THE FOLLOWING GROUNDS**  *(place a cross in all boxes that apply)* | | | | | |
| The person no longer meet the Age, No Refusals, Mental Capacity, Mental Health or Best Interests requirements, or the reason why they meet the requirements has changed | | | | |  |
| The conditions attached to the Standard Authorisation need to be varied because there has been a change in the person’s circumstances | | | | |  |
| Please give details:  Click here to enter text. | | | | | |

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| **REVIEW TO CEASE A DOLS AUTHORISATION** | | |
| The Managing Authority requests a review, because the person is, or is about to be discharged so the Standard Authorisation will no longer be required. This is on the grounds that the person no longer meets the best interest’s requirement. | | |
| The person has left / is due to leave the care home on | | Click here to enter text. |
| The person is due to be / has been discharged from hospital on | | Click here to enter text. |
| The person’s new address is | Click here to enter text. | |
| This follows a best interest decision (attached) made on | Click here to enter text. | |
|  | | |
| 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:  <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> | | |

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| Signed  (*on behalf of the Managing Authority*) | Signature |  |
| Print Name |  |
| Position |  |
| Date |  |

***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** | | | | |
| 1. The Supervisory Body has decided to refuse the request for a review for the following reasons:   Click here to enter text. | | | | |
| This review is therefore complete and the existing Standard Authorisation will continue to be in force until:  **Click here to enter text.** | | | | |
| 1. The Supervisory Body has decided that at least one of the qualifying requirements is reviewable, as a result of which the following review assessments will be requested: | | | | |
| **REVIEW REQURIED** | |  | **Guidance from Supervisory Body to assessor:** *(provide any pertinent information for the BIA or MHA to consider during review)* | |
| Age requirement | |  | **Click here to enter text.** | |
| No Refusals requirement | |  |
| Eligibility requirement | |  |
| Mental Health | |  |
| Mental Capacity | |  |
| Best Interests requirement | |  |
| * **Note for all BIA’s or MHA’s please record relevant sections on Form 3 or 4 and check the** *This form is being completed in relation to a review of an existing Standard Authorisation under Part 8 of Schedule A1 to the Mental Capacity Act 2005.* **Box.** | | | | |
| **Date requested**: **Click here to enter text.**  **Name and Role of Supervisory Body representative**: **Click here to enter text.** | | | | |
| 1. **OUTCOME OF REVIEW (select one option below)** | | | | |
| The Supervisory Body decided that at least one of the qualifying requirements was reviewable, as a result of which the following review assessments were carried out: | | | | |
| **REQUIREMENT** | | **MET** | **NOT MET** | **CHANGE OF REASON** |
| Age requirement | |  |  | Click here to enter text. |
| No Refusals requirement | |  |  | Click here to enter text. |
| Eligibility requirement | |  |  | Click here to enter text. |
| Mental Health | |  |  | Click here to enter text. |
| Mental Capacity | |  |  | Click here to enter text. |
| Best Interests requirement | |  |  | Click here to enter text. |
| At least one of the requirements were not met and the Standard Authorisation will therefore cease with effect from:  Click here to enter text. | | | | |
| 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:  Click here to enter text.  subject to any variation in conditions shown below: | | | | |
| 1 | Click here to enter text. | | | |
| 2 | Click here to enter text. | | | |
| 3 | Click here to enter text. | | | |
| 4 | Click here to enter text. | | | |
| 5 | Click here to enter text. | | | |
| 6 | Click here to enter text. | | | |

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| --- | --- | --- |
| **REVIEW OF CONDITIONS – Please note that the conditions can be reviewed alone without the need for a review of best interests or other requirements** | | |
| 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 | Click here to enter text. | |
| 2 | Click here to enter text. | |
| 3 | Click here to enter text. | |
| 4 | Click here to enter text. | |
| 5 | Click here to enter text. | |
| 6 | Click here to enter text. | |

|  |  |  |
| --- | --- | --- |
| Signed | Signature |  |
| Print Name |  |
| Position |  |
| Date |  |