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| AIS Number: Click here to enter text. | NHS Number: Click here to enter text. |
| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 11****IMCA REFERRAL** |
| Full name of person being deprived of, or being assessed, to be deprived of liberty | Name | Click here to enter text. |
| 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 | Click here to enter text. |
| Address | 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 (if appropriate) |  |
| Name of the Supervisory Body instructing the IMCA / RPR | Name | Kent County Council |
| Contact person at Supervisory Body to receive IMCA / RPR submissions | Name | DoLS Administrator |
| Telephone | 03000 415777 |
| Email  | dols@kent.gov.uk  |
| IMCA / RPR Service to which this referral is being made | Name | SEAP |
| Address | kent@seap.org.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 THE ASSESSORS** |
| Mental Health / Eligibility Assessor | Name |  |
| Telephone  |  |
| Email |  |
| Best Interests Assessor | Name |  |
| Telephone |  |
| Email |  |

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| **TYPE OF IMCA INSTRUCTION (place a cross in one box)** |
| 39A | IMCA support and representation during assessment for authorisationAn Urgent Authorisation has been given, or a request for a Standard Authorisation has been made, and the Managing Authority is satisfied that there is nobody whom it would be appropriate to consult in determining what would be in the person’s best interests (excluding people engaged in providing care or treatment for the person in a professional capacity or for remuneration). |[x]
|  | An assessor has been appointed to determine whether or not there is an unauthorised deprivation of liberty, and the Managing Authority is satisfied that there is nobody whom it would be appropriate to consult in determining what would be in the person’s best interests (excluding people engaged in providing care or treatment for the person in a professional capacity or for remuneration). |[ ]
| 39C | IMCA cover during gaps in appointment of relevant person’s representativeThe person who is deprived of liberty is temporarily without a relevant person’s representative |[ ]
| 39D | IMCA support to relevant person/ relevant person’s representative/ relevant person and relevant person’s representativeThe person who is deprived of liberty has an unpaid representative who has requested the support of an advocate |[ ]
|  | The relevant person will benefit from the support of an advocate |[ ]
|  | The relevant person’s representative will benefit from the support of an advocate |[ ]
|  | Without the help of an IMCA, the person / RPR would beunable or unlikely to apply to Court or request a review orthey have already have failed to do so when it would have been reasonable to.  |[ ]
| Paid RPR | Where no family member or friend is suitable or available to fulfil this roleWhere a supervisory body is given notice under regulation 8(5), it may select a person to be the representative, whowould be performing the role in a professional capacity;has satisfactory skills and experience to perform the role;is not a family member, friend or carer of the relevant person;is not employed by, or providing services to, the relevant person’s managing authority, where the relevant person’s managing authority is a care home;is not employed to work in the relevant person’s managing authority in a role that is, or could be, related to the relevant person’s managing authority in a role that is, or could be, related to the relevant person’s case, where the relevant person’s managing authority is a hospital; and[(f) is not employed by the supervisory body] |[ ]
| If applicable, state the anticipated duration of the IMCA role: | Click here to enter text. |

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| The Supervisory Body should consider attaching any documents it believes will assist the work of an IMCA / RPR. The following documents are attached: |

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| Signed | Name |  |
| Print Name |  |
| Position |  |
| Date |  |