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| Case ID Number: | | | | |
| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 2**  **REQUEST FOR A FURTHER STANDARD AUTHORISATION** | | | | |
| Full name of person being deprived of their liberty |  | | Sex |  |
| Date of Birth  *(or estimated age if unknown)* |  | | Est. Age |  |
| Name and Address of Managing Authority (care home or hospital) requesting this authorisation |  | | | |
| Person to contact at the care home or hospital, (include ward details if appropriate) | Name |  | | |
| Telephone |  | | |
| Email |  | | |
| Ward (*if appropriate)* |  | | |
| **THE PURPOSE OF THE AUTHORISATION is to enable the following care and / or treatment to be given:**   * *Please describe the care and / or treatment this person is receiving or will receive day-to-day and attach a relevant care plan.* * *Please give as much detail as possible about the type of care the person needs, including personal care, mobility, medication, support with behavioural issues, types of choice the person has and any medical treatment they receive.* | | | | |
| **THE DATE FROM WHICH THE STANDARD AUTHORISATION IS SOUGHT:**  A further Standard Authorisation is required to start on this date  so it is force immediately after the expiry of the existing Standard  Authorisation. | | | | |

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| **OTHER RELEVANT INFORMATION** | | | |
| *Please include details of any changes previously given in Form 1 e.g. in the care plan, medical information, person’s behaviour or visitors.*  **COMPLIANCE WITH CONDITIONS**  **Please give an update on the progress made to implement any Conditions which have been specified in the previous Authorisation:** | | | |
| Signature |  | Print name |  |
| Date |  | Time |  |
| **I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A FURTHER STANDARD AUTHORISATION** *(Please sign to confirm)* | |  | |

**How is your information used?**

The information we collect will be used so that we can assess whether the subject of the assessment is being deprived of their liberty in line with our duties under the Mental Capacity Act (2005) and to authorise any deprivation of liberty that is necessary, lawful and proportionate to protect them from harm, or to challenge any unlawful deprivation of liberty.

**Who will your information be shared with?**

The information we collect may be shared with other professionals and interested parties who have been consulted as part of the assessment and authorisation process.

For further information about how your personal information will be used, please visit <https://www.derby.gov.uk/privacy-notice/> where you can see a full copy of our Privacy Notice. Alternatively you can request a hard copy from the Contact Support Team, Business Support, Derby City Council, Council House, Derby DE1 2FS. Email: [contact.support@derby.gov.uk](mailto:contact.support@derby.gcsx.gov.uk) Tel: 01332 640825