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| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 11**  **INDEPENDANT MENTAL CAPACITY ADVOCATE REFERRAL** | | | | | | | | |
| Full name of person being deprived of, or being assessed, to be deprived of liberty | | |  | | | | Sex | |
| Date of Birth *(*or estimated age if unknown*)* | | |  | | | | | |
| **Person to contact and details of Managing Authority** | | | | | | | | |
| Name | | |  | | | | | |
| Address (including ward if appropriate) | | |  | | | | | |
| Telephone | | |  | | | | | |
| Email | | |  | | | | | |
| Usual address of the person liable to be deprived of liberty (if different to above) | | |  | | | | | |
| Telephone | | |  | | | | | |
| Name and address of the Supervisory Body instructing the IMCA | | |  | | | | | |
| Contact details of person at Supervisory Body to receive IMCA submissions | | |  | | | | | |
| Name and address of IMCA Service to which this referral is being made | | |  | | | | | |
| **CONTACT DETAILS OF THE ASSESSORS** | | | | | | | | |
| Name and address of Mental Health Assessor | | |  | | | | | |
| Name and address of Best Interests Assessor | | |  | | | | | |
| **TYPE OF IMCA INSTRUCTION** (place a cross in one box) | | | | | | | | |
| **39A** | An 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). | | | | | | |  |
| 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** | The person who is deprived of liberty is temporarily without a relevant person’s representative. | | | | | | |  |
| **39D** | The person who is deprived of liberty has an unpaid representative and the person or his/ her unpaid representation have 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 be:   1. unable or unlikely to apply to Court or request a review or 2. they have already failed to do so when it would have been reasonable | | | | | | |  |
| If applicable, state the anticipated duration of the IMCA role: | | | | |  | | | |
| The Supervisory Body should consider attaching any documents it believes will assist the work of an IMCA. The following documents are attached: | | | | | | | | |
| **PLEASE NOW SIGN AND DATE THIS FORM** | | | | | | | | | |
| Signature | | |  | | Print Name | |  | | |
| Position | | |  | | | | | | |
| Date | | |  | | Time | |  | | |