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| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 6****STANDARD AUTHORISATION NOT GRANTED** |
| Full name of person being deprived of liberty |  | Sex |
| Date of Birth (or estimated age if unknown) |  |
| **Person to contact and details of the Supervisory Body:** |
| Name |  |
| Address (including ward if appropriate) |  |
| Telephone |  |
| Email |  |
| Usual address of the person liable to be deprived of liberty, (if different to above) |  |
| Telephone Number |  |
| Name and address of the Managing Authority where this form is being sent |  |
| Details of Care Co-ordinator/Care Manager |  |
| Communication Needs and any relevant medical history |  |
| **THE SUPERVISORY BODY’S DECISION** |
| The relevant Managing Authority made a request for a Standard Authorisation which was received on:  Date: Time:The Supervisory Body is prohibited from giving a Standard Authorisation in relation to that request.This is because the person was assessed as not meeting the following qualifying requirement(s) for being deprived of liberty under the Mental Capacity Act 2005:**Note:** When a person fails one requirement, a standard authorisation may not be given and all other on-going assessments must stop.**The following requirements are not met:** |
| **REQUIREMENT** | **NOT MET** | **REQUIREMENT** | **NOT MET** |
| Age requirement |  | No Refusals requirement |  |
| Mental Health requirement |  | Eligibility requirement |  |
| Mental Capacity requirement |  | Best Interests requirement |  |
| Not assessed (State reasons for not assessing in box i.e. deceased, moved, discharged*):* |

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| **EVIDENCE OF SUPERVISORY BODY SCRUTINY** |
| The authoriser should indicate why they concur with the conclusions of the Assessors’ reports and demonstrate overall scrutiny of the process: |
| **IF THERE APPEARS TO BE AN UNAUTHORISED DEPRIVATION OF LIBERTY** |
| The best interests assessment report included a statement that it appeared to the assessor that this person is, or is likely to be, subject to an unauthorised deprivation of liberty. The authoriser should now consider whether a Safeguarding Adult referral should be made, if not already done so by the Best Interest Assessor. |  |
| **PLEASE NOW SIGN AND DATE THIS FORM**  |
| Signature  |  | Print Name |  |
| Position  |  |
| Date |  | Time |  |