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| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 8**  **TERMINATION OF APPOINTMENT AS REPRESENTATIVE** | | | | | |
| Full name of person being deprived of liberty | |  | | Sex | |
| Date of Birth (or estimated age if unknown*)* | |  | | | |
| **Person to contact and details of 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 representative where this form is being sent | | |  | | |
| The appointment as the person’s representative is to terminate on:  because:  (place a cross in one box) | | | | | |
| 1 | The Standard Authorisation will expire on that date. | | | |  |
| 2. | You have informed the supervisory body that you no longer wish to continue in this role. | | | |  |
| 3. | The person selected you to be their representative and they have informed the Supervisory Body that they now object to you continuing to be their representative. | | | |  |
| 4. | A donee of a Lasting Power of Attorney or Deputy for Health and Welfare appointed by the Court of Protection who selected you has now informed the Supervisory Body that they now object to you continuing to be the person’s representative. | | | |  |
| 5. | The Supervisory Body is satisfied that you are not maintaining sufficient contact with the person in order to support and represent them. | | | |  |
| 6. | The Supervisory Body is satisfied that you are no longer eligible, or were not eligible at the time the appointment was made. | | | |  |
| 7. | The Supervisory Body is satisfied that you are not acting in the best interests of the relevant person. | | | |  |
| 8. | The Supervisory body has been notified of the death of the person’s representative. | | | |  |

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| **The Supervisory Body’s reasons:**  If your appointment it to be terminated on points 5,6 or 7, the Supervisory Body’s reasons for deciding that particular ground applies are as follows: | | | | |
| If you wish to make any representations as to why your appointment should not terminate on this date then please make them to the Supervisory Body before:  If no such representations are received this will then constitute notice of termination from the date stated on page 1. | | | | |
| **I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A DoLS AUTHORISATION** | | | | Yes |
| No |
| **PLEASE NOW SIGN AND DATE THIS FORM (*to be* *signed on behalf of the Supervisory Body)*** | | | | | |
| Signature | |  | Print Name |  | |
| Position | |  | | | |
| Date | |  | Time |  | |