

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 <i>(or estimated age if unknown)</i>		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 <i>(if appropriate)</i>		
<p>THE PURPOSE OF THE AUTHORISATION is to enable the following care and / or treatment to be given:</p> <ul style="list-style-type: none"> • <i>Please describe the care and / or treatment this person is receiving or will receive day-to-day and attach a relevant care plan.</i> • <i>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.</i> 			
<p>THE DATE FROM WHICH THE STANDARD AUTHORISATION IS SOUGHT:</p> <p>A further Standard Authorisation is required to start on this date so it is force immediately after the expiry of the existing Standard Authorisation.</p> <div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block;"></div>			

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.
Please also include contact details for the existing Relevant Person's Representative and any family/friend and persons involved in the person's care to be consulted.*

Signature		Print name	
Date		Time	
I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A FURTHER STANDARD AUTHORISATION <i>(Please sign to confirm)</i>			