



St. Helens Council

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: <i>Describe the care / treatment the person is receiving on a day-to-day basis. This will include details of personal care, support, supervision, help with mobility and medication. Types and duration of restraint used if any and descriptions of all care plans, behaviour charts or other indications of the level of the person's care needs.</i>			
THE DATE FROM WHICH THE STANDARD AUTHORISATION IS SOUGHT:			
A further Standard Authorisation is required to start on this date because the existing Standard Authorisation expires at this time.			<input type="text"/>

OTHER RELEVANT INFORMATION

Please include details of any changes in the care plan, medical information, person's behaviour or visitors since the current Standard Authorisation was given.

(This area is intentionally left blank for providing additional information.)

Signature		Print name	
Position			
Date		Time	
I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A DoLS AUTHORISATION, (Please sign to confirm)			