



# St. Helens Council

Case ID Number: \_\_\_\_\_

## DEPRIVATION OF LIBERTY SAFEGUARDS FORM 10 REVIEW

Full name of person being deprived of liberty

Date of Birth (or estimated age if unknown)

Est. Age

Name and address of care home or hospital where the person is deprived of liberty

Name and address of organisation or person requesting the review

Contact details of organisation or person requesting the review

Name

Telephone

Email

Name of the Supervisory Body where this form is being sent

### A REVIEW OF THE CURRENT AUTHORISATION IS REQUESTED ON THE FOLLOWING GROUNDS

*(place a cross in all boxes that apply)*

The person may no longer meet one of the requirements

The conditions attached to the Standard Authorisation need to be varied because there has been a change in the person's circumstances

*Please give details:*

	Signature	
	Print Name	
	Position	
	Date	

**REVIEW TO CEASE A DOLS AUTHORISATION**

The Managing Authority requests a review, as a result of which the Standard Authorisation will no longer be required. This is on the grounds that the person no longer meets the best interest's requirement.

The person has left / is due to leave the care home on \_\_\_\_\_

The person is due to be / has been discharged from hospital on \_\_\_\_\_

The person's new address is \_\_\_\_\_

This follows a best interest decision (attached) made on \_\_\_\_\_

It is no longer in their best interest to be accommodated in this care home or hospital because:

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Signed  
*(on behalf of the Managing Authority)*

Signature

Print Name

Position

Date

**The remainder of this form will be completed by the Supervisory Body**

**SUPERVISORY BODY'S DECISION with regard to whether ANY QUALIFYING REQUIREMENTS ARE REVIEWABLE**

The Supervisory Body has decided to refuse the request for a review for the following reasons:

This review is therefore complete and the existing Standard Authorisation will continue to be in force until:

The Supervisory Body has decided that at least one of the qualifying requirements is reviewable, as a result of which the following review assessments were carried out:

REQUIREMENT	MET	NOT MET	CHANGE OF REASON
Age requirement			
No Refusals requirement			
Eligibility requirement			
Mental Health			
Mental Capacity			
Best Interests requirement			

**OUTCOME OF REVIEW (select one option below)**

At least one of the requirements were not met and the Standard Authorisation will therefore cease with effect from:

Based on the assessments that were carried out, the reasons given in the Standard Authorisation as to why the person meets the requirements have been varied as described above.

All the review assessments carried out concluded that the person continues to meet the requirements to which they relate. The Standard Authorisation continues to be in force until:

subject to any variation in conditions shown below:

1	
2	
3	
4	
5	
6	

## REVIEW OF CONDITIONS

There has not been any **significant** change in the person's circumstances and any changes there have been do not result in the need to vary the conditions. Therefore the existing conditions remain in force.

The Supervisory Body has decided to vary the conditions either because of a significant change or because some change has occurred which makes this appropriate. The new conditions are described below.

1		
2		
3		
4		
5		
6		
Signed (on behalf of the Supervisory Body)	Signature	
	Print Name	
	Position	
	Date	