

CASE
NUMBER

Mental Capacity Act 2005

DEPRIVATION OF LIBERTY FORM No. 4

REQUEST FOR A STANDARD AUTHORISATION

Important notes: Regulation 16 of The Mental Capacity (Deprivation of Liberty: Standard Authorisations, Assessments and Ordinary Residence) Regulations 2008 (SI 2008 No. 1858) contains requirements about the information to be provided in a request for a standard deprivation of liberty authorisation.

Regulation 16 states that the information in Part A of this form must be included in every request for a standard authorisation.

The information in Part B should be provided if it is available to, or could reasonably be obtained by, the managing authority. The information in Part B does not need to be re-provided in cases where there is already an existing standard authorisation if that information remains the same as supplied with the request for the earlier authorisation. However, this does not apply to the information about an existing authorisation covered in box B14 of this form.

Part C covers further information that might helpfully be provided by the managing authority.

The supervisory body should ensure that each assessor, and any instructed IMCA, receives a copy of this form as soon as possible.

PART A — INFORMATION THAT MUST BE PROVIDED

A1	Full name of the person who needs to be deprived of their liberty in this hospital or care home	Name	
A2	Their gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
A3	Their date of birth (or estimated age if unknown)	DOB	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Est. Age	<input type="text"/> Years
	The age range within which the person falls	Place a cross in ONE of the boxes below ↓	
	18–64	<input type="checkbox"/>	
	65–74	<input type="checkbox"/>	
	75–84	<input type="checkbox"/>	
	85+	<input type="checkbox"/>	

A4	The person's current location (Place a cross in one box, and then enter the current location) ⇨	Already in this hospital or care home <input type="checkbox"/>
		Currently at their own private address <input type="checkbox"/>
		Currently in another hospital or care home <input type="checkbox"/>
		Other (please specify):
		Current location (address)
		Post Code
		Telephone
A5	Name and address of the person registered, or required to be registered, under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the provision of residential accommodation, together with nursing or personal care, in the care home and in relation to an independent hospital, the person registered, or required to be registered, under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of regulated activities (within the meaning of that Part) carried on in the hospital, or the NHS Trust that manages the hospital	Name
		Address
		Postcode
		Telephone
A6	Person to contact at the hospital or care home	Name
		Email
		Telephone

A7 THE PURPOSE FOR WHICH THE AUTHORISATION IS REQUESTED

The purpose for which this standard authorisation is requested should be described here.

Note: there is a legal requirement that the giving of a Mental Capacity Act 2005 deprivation of liberty safeguards authorisation must be for the purpose of giving care or treatment to the person to whom the authorisation relates. The entry below should therefore identify the care and/or treatment that constitutes the purpose for which the authorisation is given. It should be borne in mind, however, that the deprivation of liberty authorisation does not itself authorise the care or treatment concerned, the giving of which is subject to the wider provisions of the Mental Capacity Act 2005.

The purpose of the requested standard authorisation is to enable the person to be given the following care and/or treatment in this hospital or care home.

A8 THE DATE FROM WHICH THE STANDARD AUTHORISATION IS SOUGHT

The standard authorisation is required to start on this date:

This is because:

Place a cross in ONE of the boxes below ↓

A	The existing urgent authorisation expires at that time.	<input type="checkbox"/>
B	The existing standard authorisation expires at that time.	<input type="checkbox"/>
C	The existing order of the Court of Protection expires at that time.	<input type="checkbox"/>
D	We expect to receive the person in this hospital or care home at that time, and it is likely that we will need to deprive them of their liberty immediately.	<input type="checkbox"/>
E	None of the above applies. However, it is likely that the person will need to be deprived of their liberty and will meet all of the requirements for a standard authorisation at that time.	<input type="checkbox"/>

A9 HAS THE MANAGING AUTHORITY GIVEN AN URGENT AUTHORISATION? [Yes] [No]

If yes, please enter the date on which it expires:

PART B – OTHER INFORMATION THAT SHOULD BE PROVIDED IF IT IS AVAILABLE TO, OR COULD REASONABLY BE OBTAINED BY, THE MANAGING AUTHORITY, UNLESS IT HAS BEEN PREVIOUSLY PROVIDED IN RESPECT OF AN EXISTING STANDARD AUTHORISATION AND THAT INFORMATION REMAINS THE SAME

Note: this ‘previously provided’ exemption does not apply to the information about an existing authorisation covered in box B14 of this form.

B1 RELEVANT MEDICAL INFORMATION

Medical information relating to the person’s health that the managing authority considers to be relevant to the proposed restrictions to the person’s liberty:

B2 DIAGNOSIS OF THE MENTAL DISORDER

Diagnosis of the mental disorder (within the meaning of the Mental Health Act 1983¹, but disregarding any exclusion for persons with learning disability) that the person is suffering from:

B3 RELEVANT CARE PLANS OR NEEDS ASSESSMENTS

The following relevant care plans and/or needs assessments are attached:

B4 RACIAL, ETHNIC OR NATIONAL ORIGIN

The person’s racial, ethnic or national origin

Place a cross in ONE of the boxes below ↓

White

A	British	<input type="checkbox"/>
B	Irish	<input type="checkbox"/>
C	Any other White background (to include Travellers of Irish heritage and Gypsy/Roma)	<input type="checkbox"/>
D	White and Black Caribbean	<input type="checkbox"/>

¹ References in this form to provisions of the Mental Health Act 1983 include provisions of other enactments that have the same effect.

Mixed OR Mixed British		
E	White and Black African	<input type="checkbox"/>
F	White and Asian	<input type="checkbox"/>
G	Any other mixed background	<input type="checkbox"/>
Asian OR Asian British		
H	Indian	<input type="checkbox"/>
J	Pakistani	<input type="checkbox"/>
K	Bangladeshi	<input type="checkbox"/>
L	Any other Asian background	<input type="checkbox"/>
Black OR Black British		
M	Caribbean	<input type="checkbox"/>
N	African	<input type="checkbox"/>
P	Any other Black background	<input type="checkbox"/>
Other ethnic groups		
R	Chinese	<input type="checkbox"/>
S	Any other ethnic group	<input type="checkbox"/>
Z	Not stated (to include cases in which the person has refused to divulge their ethnic origin or where their ethnic origin is not yet known)	<input type="checkbox"/>
B5 THE PERSON'S RELIGION OR BELIEF		
Place a cross in ONE of the boxes below ↓		
	None	<input type="checkbox"/>
	Christian (Christian includes Church of Wales, Catholic, Protestant and all other Christian denominations)	<input type="checkbox"/>
	Buddhist	<input type="checkbox"/>
	Hindu	<input type="checkbox"/>
	Jewish	<input type="checkbox"/>
	Muslim	<input type="checkbox"/>
	Sikh	<input type="checkbox"/>
	Any other religion	<input type="checkbox"/>
	Not stated	<input type="checkbox"/>

B6 THE PERSON'S SEXUAL ORIENTATION

Place a cross in ONE of the boxes below ↓

Heterosexual	<input type="checkbox"/>
Lesbian or gay	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Other	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Not known	<input type="checkbox"/>

B7 THE PERSON'S DISABILITY – i.e. THE DISABILITY THAT IS CAUSING THEIR CURRENT INCAPACITY
Place a cross (or crosses) as applicable in only one of A OR B OR C**A** Place a cross in EACH of the boxes below that apply ↓

Physical disability, frailty and/or sensory impairment	<input type="checkbox"/>
Please identify which of the following apply:	
Physical disability, frailty and/or temporary illness	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>
Dual sensory loss	<input type="checkbox"/>

B Mental Health	<input type="checkbox"/>
Please also place a cross in this box if the Mental Health condition is dementia	<input type="checkbox"/>

C Learning disability	<input type="checkbox"/>
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B8 WHETHER THE PERSON HAS A PREFERRED COMMUNICATION OR A PREFERRED FIRST LANGUAGEPlace a cross in one box ⇒ No Yes

If yes, describe them, e.g. interpreter required (specify language), BSL signer required, etc.

B9 WHY THE PERSON NEEDS TO BE DEPRIVED OF THEIR LIBERTY

In our opinion:

- the person lacks capacity to make their own decision about whether to be accommodated here for the purpose of being given the proposed care and/or treatment described above
- it is in their best interests to be deprived of their liberty here so that they can be given this care and/or treatment
- this is necessary in order to prevent harm to them, and it is a proportionate response to the harm they are likely to suffer if they are not so deprived of liberty, and the seriousness of that harm.

Explain here:

- (a) the nature of the restrictions on the person's liberty that lead to the conclusion that they are, or will be, deprived of their liberty;**
- (b) why the necessary care and/or treatment cannot be provided in a way that is less restrictive of the person's rights and freedom of action;**
- (c) to the extent that the managing authority is aware, what alternatives to deprivation of liberty have been considered;**
- (d) what harm the person is likely to come to if they are not deprived of their liberty in this hospital or care home.**

A large, empty rectangular box with a thin black border, intended for the user to provide a detailed explanation for each of the four points listed above. The box is currently blank.

B10 WHETHER IT IS NECESSARY FOR AN INDEPENDENT MENTAL CAPACITY ADVOCATE (IMCA) TO BE INSTRUCTED

Place a cross in ONE of the boxes below (A or B) ↓

A	Apart from professionals and other people who are paid to provide care or treatment, this person has no one whom it is appropriate to consult about what is in their best interests. If the person has no relevant person's representative, or this is a request for a first standard authorisation, the supervisory body must therefore instruct an IMCA to support and represent them.	<input type="checkbox"/>
B	There is someone whom it is appropriate to consult about what is in this person's best interests who is neither a professional nor is being paid to provide care or treatment.	<input type="checkbox"/>

B11 WHETHER THERE IS A VALID AND APPLICABLE ADVANCE DECISION

Place a cross in box A, B or C below ↓

A	The person has made an advance decision that may be valid and applicable to some or all of the treatment.	<input type="checkbox"/>
B	The managing authority is not aware that the person has made an advance decision that may be valid and applicable to some or all of the treatment.	<input type="checkbox"/>
C	The proposed deprivation of liberty is not for the purpose of giving treatment.	<input type="checkbox"/>

B12 THE PERSON IS SUBJECT TO THE FOLLOWING MENTAL HEALTH ACT 1983 REGIMES

(The hospital treatment, community treatment and guardianship regimes are defined in paragraphs 8 to 10 of Part 2 of Schedule 1A to the Mental Capacity Act 2005.)

Place a cross in box A, B or C below if any of those options apply, otherwise leave the boxes blank ↓

A	Hospital treatment regime	<input type="checkbox"/>
B	Community treatment regime	<input type="checkbox"/>
C	Guardianship regime	<input type="checkbox"/>

B13 INFORMATION ABOUT INTERESTED PERSONS

Please continue on a separate sheet if necessary.

Anyone named by the person as someone to be consulted about their welfare	Name	
	Address	
	Telephone	
Anyone engaged in caring for the person or interested in their welfare	Name	
	Address	
	Telephone	
Any donee of a lasting power of attorney granted by the person	Name	
	Address	
	Telephone	
Any deputy appointed for the person by the Court of Protection	Name	
	Address	
	Telephone	
Any IMCA instructed in accordance with sections 37 to 39D of the Mental Capacity Act 2005	Name	
	Address	
	Telephone	

B14 IS THERE AN EXISTING STANDARD AUTHORISATION IN RELATION TO THE DEPRIVATION OF LIBERTY OF THE RELEVANT PERSON

Place a cross in box A or B ↓

A	<p>There is an existing standard authorisation in relation to the person to be deprived of liberty. <input type="checkbox"/></p> <p>The authorisation expires on: <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/></p> <p style="text-align: center;">Fill in the expiry date above ↑</p>
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B	The managing authority is not aware of any existing standard authorisation in relation to the person to be deprived of liberty.	<input type="checkbox"/>
PART C – FURTHER INFORMATION		
Place a cross in one of these three boxes ↓		
C1	The address where the person ordinarily resides	The address given in box A4 above where the person currently is <input type="checkbox"/>
		The person was of no fixed abode <input type="checkbox"/>
		The following address, at which the person is ordinarily resident: <input type="checkbox"/>
		<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Address</td> <td></td> </tr> </table>
Address		
C2	The name of the individual who is considered to be the person most closely involved in looking after the person's welfare.	Name
		Relationship
		Address
		Telephone
C3	Name of the PCT or local authority to whom this form is being sent ('the supervisory body')	Name
C4	How the care is being funded? (Place a cross in the relevant boxes) ⇔	Local authority <input type="checkbox"/>
		PCT <input type="checkbox"/>
		Local authority and PCT jointly <input type="checkbox"/>
		Self-funded by the person, their family, etc <input type="checkbox"/>
		Funded through insurance, etc <input type="checkbox"/>

C5 WHY THIS REQUEST IS BEING MADEPlace a cross in **ONE** of the boxes below (A–G) ↓**Boxes A–D relate to people who ARE NOT currently subject to a standard authorisation**

A	PERSON WHO IS ALREADY ACCOMMODATED HERE BUT IS NOT YET BEING DEPRIVED OF LIBERTY The person is already accommodated in this hospital or care home. We are not depriving them of their liberty. However, during the next 28 calendar days, it is likely that we will need to do so and that they will meet all of the qualifying requirements for a standard authorisation.	<input type="checkbox"/>
B	PERSON WHO IS ALREADY ACCOMMODATED HERE AND BEING DEPRIVED OF THEIR LIBERTY The person is already accommodated in this hospital or care home. They already appear to meet all of the qualifying requirements for a standard authorisation. An urgent authorisation has been given pending the outcome of the standard authorisation assessment process.	<input type="checkbox"/>
C	PERSON IS NOT YET ACCOMMODATED HERE BUT WILL NEED TO BE DEPRIVED OF THEIR LIBERTY HERE DURING THE NEXT 28 DAYS The person is not yet accommodated in this hospital or care home. However, during the next 28 days it is likely that they will be admitted and that they will need to be deprived of their liberty here. It is also likely that they will meet all of the qualifying requirements for a standard authorisation.	<input type="checkbox"/>
D	COURT OF PROTECTION ORDER ABOUT TO EXPIRE The person is already accommodated in this hospital or care home. We are already depriving them of their liberty and the Court of Protection has authorised this. However, given the date on which the court's order is expected to expire, it would be unreasonable to delay any longer requesting a standard authorisation.	<input type="checkbox"/>
Boxes E–G relate to people who ARE currently subject to a standard authorisation		
E	EXISTING AUTHORISATION ABOUT TO EXPIRE: NEW STANDARD AUTHORISATION REQUIRED There is already a standard authorisation in force that covers the person's deprivation of liberty in this hospital or care home. It is reasonable to request a new standard authorisation to come into force immediately after the expiry of the existing authorisation.	<input type="checkbox"/>
F	CHANGE IN THE PLACE WHERE THE PERSON IS DEPRIVED OF LIBERTY There is already a standard authorisation in force. However, it does not authorise the person's deprivation of liberty in this hospital or care home. We therefore require a new standard authorisation that authorises their deprivation of liberty here.	<input type="checkbox"/>

G

A PART 8 REVIEW HAS BEEN REQUESTED OR IS IN PROGRESS

There is already a standard authorisation in force that authorises the person's deprivation of liberty in this hospital or care home. A review of this authorisation under Part 8 of Schedule A1 to the Mental Capacity Act 2005 has either been requested or is being carried out. Any new standard authorisation that is now given will be in force after the existing authorisation comes to an end.

C6 ANY OTHER RELEVANT INFORMATION

Signed (on behalf of the managing authority)	Signature	
	Print name	
	Position	
Dated	Date	