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| C:\Users\71041439\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\DCC logo black.jpgCase 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:* | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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: | | | | |
| Signed | | 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 |  | |