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| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 2**  **MANAGING AUTHORITY’S REQUEST FOR A FURTHER STANDARD AUTHORISATION** | | | | | | | |
| Full name of person being deprived of their liberty | | |  | | | Sex |  |
| Date of Birth  (or estimated age if unknown) | | |  | | | | |
| Person to contact and details of care home or hospital (Managing Authority): | | | | | | | |
| Name | |  | | | | | |
| Address | |  | | | | | |
| Telephone | |  | | | | | |
| **THE DATE FROM WHICH THE FURTHER STANDARD AUTHORISATION IS SOUGHT:**  A further Standard Authorisation is required to start on this date  because the existing Standard Authorisation expires at this time. | | | | | | | |
| **THE NATURE OF THE PROPOSED DEPRIVATION OF LIBERTY** | | | | | | | |
| * Explain why the person is or will not be free to leave and why they are under continuous supervision and continuous control (the acid test). | | | | | | | |
|  | | | | | | | |
| **PLEASE NOW SIGN AND DATE THIS FORM (to be signed by the Managing Authority)** | | | | | | | |
| Signature |  | | | Print name |  | | |
| Position |  | | | | | | |
| Date |  | | | Time |  | | |