|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Case ID Number: | | | | | | |
| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 12**  **NOTIFICATION OF DEATH WHILST DEPRIVED OF LIBERTY** | | | | | | |
| Full name of person who was deprived of their liberty | | |  | | | |
| Date of Birth (*or estimated age if unknown)* | | |  | | Est. Age |  |
| **Date of Death** | | |  | | | |
| Location of person at time of death | | |  | | | |
| Name and address of the care home or hospital where the person was being deprived of their liberty | | |  | | | |
| Name and contact details of family member/RPR | | |  | | | |
| Name of the Supervisory Body | | |  | | | |
| Person to contact at Supervisory Body | | Name | |  | | |
| Telephone | |  | | |
| Email | |  | | |
| Contact details of the GP | | Name | |  | | |
| Address | |  | | |
| Telephone | |  | | |
| **SUBMITTING THIS NOTIFICATION**  Before the doctor has signed the Death Certificate, the **Managing Authority must send a copy of this notice to the local Coroner’s Office.** This is so the Coroner can commence an investigation under Section 1(2)(c) of the Coroner’s and Justice Act 2009. | | | | | | |
| As soon as practicable the Managing Authority must also give a copy of this notice to the following:   1. The Supervisory Body for the hospital or care home 2. Any IMCA instructed for the person 3. Every person named by the Best Interests Assessor in their report as an interested person whom they have consulted in carrying out their assessment | | | | | | |
| Signed  *(on behalf of the Managing Authority)* | Name | | |  | | |
| Print Name | | |  | | |
| Date | | |  | | |

**How is your information used?**

The information we collect will be used so that we can assess whether the subject of the assessment is being deprived of their liberty in line with our duties under the Mental Capacity Act (2005) and to authorise any deprivation of liberty that is necessary, lawful and proportionate to protect them from harm, or to challenge any unlawful deprivation of liberty.

**Who will your information be shared with?**

The information we collect may be shared with other professionals and interested parties who have been consulted as part of the assessment and authorisation process.

For further information about how your personal information will be used, please visit <https://www.derby.gov.uk/privacy-notice/> where you can see a full copy of our Privacy Notice. Alternatively you can request a hard copy from the Contact Support Team, Business Support, Derby City Council, Council House, Derby DE1 2FS. Email: [contact.support@derby.gov.uk](mailto:contact.support@derby.gcsx.gov.uk) Tel: 01332 640825