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| Case ID Number:  |
| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 11****IMCA REFERRAL** |
| Full name of person being deprived of, or being assessed, to be deprived of liberty | Name |  |
| Name and address of the care home or hospital where the person is being deprived of, or being assessed to be deprived of liberty | Name |  |
| Address |  |
| Person to contact at the care home or hospital, (include ward details if appropriate) | Name |  |
| Telephone |  |
| Email |  |
| Ward (if appropriate) |  |
| Name of the Supervisory Body instructing the IMCA | Name | Derby City |
| Contact person at Supervisory Body to receive IMCA submissions | Name | Emily Freeman  |
| Telephone | 01332 642961 |
| Email  | dols@derby.gov.uk |
| IMCA Service to which this referral is being made | Name |  |
| Address |  |
| **CONTACT DETAILS OF THE ASSESSORS** |
| Mental Health Assessor | Name |  |
| Telephone  |  |
| Email |  |
| Best Interests Assessor | Name |  |
| Telephone |  |
| Email |  |

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| **TYPE OF IMCA INSTRUCTION** *(place a cross in one box)* |
| 39A | An Urgent Authorisation has been given, or a request for a Standard Authorisation has been made, and the Managing Authority is satisfied that there is nobody whom it would be appropriate to consult in determining what would be in the person’s best interests (excluding people engaged in providing care or treatment for the person in a professional capacity or for remuneration). |  |
| An assessor has been appointed to determine whether or not there is an unauthorised deprivation of liberty, and the Managing Authority is satisfied that there is nobody whom it would be appropriate to consult in determining what would be in the person’s best interests (excluding people engaged in providing care or treatment for the person in a professional capacity or for remuneration). |  |
| 39C | The person who is deprived of liberty is temporarily without a relevant person’s representative |  |
| 39D | The person who is deprived of liberty has an unpaid representative who has requested the support of an advocate |  |
| The relevant person will benefit from the support of an advocate |  |
| The relevant person’s representative will benefit from the support of an advocate |  |
| Without the help of an IMCA, the person / RPR would be1. unable or unlikely to apply to Court or request a review or
2. they have already have failed to do so when it would have been reasonable to.
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| If applicable, state the anticipated duration of the IMCA role: | **The duration of the assessment** |
| The Supervisory Body should consider attaching any documents it believes will assist the work of an IMCA. The following documents are attached:Form 1 |
| Signed*(on behalf of the Supervisory Body)* | 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 Tel: 01332 640825