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| --- | --- | --- | --- | --- | --- | --- | --- |
| Case ID Number: | | | | | | | |
| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 7**  **SUSPENSION OF STANDARD AUTHORISATION** | | | | | | | |
| Full name of the person who is subject to the Standard Authorisation | |  | | | | | |
| Date of birth *(or estimated age if unknown)* | |  | | | *Est. Age* |  | |
| Name and address of the care home or hospital stated on the Standard Authorisation | |  | | | | | |
| Person to contact at the care home or hospital, (include ward details if appropriate) | | Name |  | | | | |
| Telephone |  | | | | |
| Email |  | | | | |
| Ward |  | | | | |
| Current location of the person who is subject to the Standard Authorisation | |  | | | | | |
| Name of the Supervisory Body | |  | | | | | |
| **NOTICE THAT THE PERSON NO LONGER MEETS THE ELIGIBILITY REQUIREMENT** | | | | | | | |
| The above person no longer meets the eligibility requirement for a Standard Authorisation under Schedule A1 to the Mental Capacity Act 2005.  The Standard Authorisation is suspended from the time this notice is given.  The Standard Authorisation no longer authorises the care home or hospital to deprive the person of their liberty for as long as it is suspended. | | | | | | | |
| **REASON WHY THE PERSON NO LONGER MEETS THE ELIGIBILITY REQUIREMENT**  *Please select one of the reasons below with reference to Schedule A1 to the Mental Capacity Act 2005* | | | | | | | |
| The person is now detained in a hospital under one of the following sections of the Mental Health Act 1983: sections 2, 3, 4, 35–38, 44, 45A, 47, 48 or 51. | | | | | | |  |
| Accommodating the person in this care home or hospital now conflicts with a requirement imposed upon them in connection with their liability to detention under the Mental Health Act 1983. | | | | | | |  |
| Accommodating the person in this care home or hospital now conflicts with a requirement imposed under the Mental Health Act 1983. (Guardianship or Community Treatment Order for example.) | | | | | | |  |
| Accommodating the person in this care home or hospital now conflicts with a Guardianship Order | | | | | | |  |
| Signed  *(on behalf of the Managing Authority):* | Signature | | |  | | | |
| Print Name | | |  | | | |
| Date of notice (also the date on which the Standard Authorisation is suspended ) | | |  | | | |

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| --- | --- | --- | --- |
| **Please select one option** | | | |
| **NOTICE THAT THE RELEVANT PERSON MEETS THE ELIGIBILTY REQUIREMENT AGAIN** | | | |
| During the previous 28 days the Managing Authority gave the Supervisory Body notice that the above person no longer met the eligibility requirement for a Standard Authorisation. The effect of that notice was to suspend the Standard Authorisation.  The Managing Authority now gives the Supervisory Body notice that the person once again meets the eligibility requirement for the following reasons and the Standard Authorisation ceases to be suspended when this notice is given. | | |  |
| Signed  *(on behalf of the Managing Authority)* | Signature |  | |
| Print Name |  | |
| Date |  | |
| **NOTICE THAT THE STANDARD AUTHORISATIONS HAS CEASED TO BE IN FORCE** | | | |
| 28 days or more have lapsed starting on the date on which the Standard Authorisation was suspended. In that time, the suspension has not ceased to be suspended. The Standard Authorisation ceased to have effect at the end of the 28 day period (*give date*): | | |  |
| Signed  *(on behalf of the Managing Authority)* | Signature |  | |
| 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