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| Case ID Number: | | | | |
| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 8**  **TERMINATION OF APPOINTMENT AS REPRESENTATIVE** | | | | |
| Full name of person being deprived of liberty | |  | | |
| Name and address of representative previously appointed for the person | | Name |  | |
| Address |  | |
| Name and address of the care home or hospital where the person is being deprived of liberty | | Name |  | |
| Address |  | |
| Name of the Supervisory Body | |  | | |
| Person to contact at Supervisory Body | | Name |  | |
| Telephone |  | |
| Email |  | |
| Your appointment as the person’s representative is to terminate on:  because:  *(place a cross in one box)* | | | | |
| 1 | The Standard Authorisation will expire on that date. | | |  |
| 2 | The person selected you to be their representative and they have informed the Supervisory Body that they now object to you continuing to be their representative. | | |  |
| 3 | A donee of a Lasting Power of Attorney or Personal Welfare Deputy appointed by the Court of Protection who selected you has now informed the Supervisory Body that they now object to you continuing to be the person’s representative. | | |  |
| 4 | The Supervisory Body is satisfied that you are not maintaining sufficient contact with the person in order to support and represent them. | | |  |
| 5 | The Supervisory Body is satisfied that you are no longer eligible, or were not eligible at the time the appointment was made. | | |  |
| 6 | You are no longer willing to act as the person’s representative | | |  |
| 7 | The Supervisory Body is satisfied that you are not acting in the best interests of the person | | |  |
| 8 | The Supervisory Body have been notified of the death of the person’s representative | | |  |

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| **The Supervisory Body’s reasons:** | | |
| If you wish to make any representations as to why your appointment should not terminate on this date then please make them to the Supervisory Body before:  If no such representations are received this will then constitute notice of termination from the date stated on page 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](mailto:contact.support@derby.gcsx.gov.uk) Tel: 01332 640825