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| --- | --- | --- | --- | --- | --- |
| Case ID Number: (For DoLS Office Use) | | | | | |
| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 2**  **REQUEST FOR A FURTHER STANDARD AUTHORISATION** | | | | | |
| Full name of person being deprived of their liberty |  | | Sex | |  |
| Date of Birth |  | | Est. Age | |  |
| Name and Address of Managing Authority (care home or hospital) requesting this authorisation |  | | | | |
| Person to contact at the care home or hospital | Name |  | | | |
| Telephone |  | | | |
| Email |  | | | |
| Ward (*if appropriate)* |  | | | |
| **THE PURPOSE OF THE AUTHORISATION is to enable the following care and / or treatment to be given:**   * *Please describe the care and / or treatment this person is receiving or will receive day-to-day and attach a relevant care plan.* * *Please give as much detail as possible about the type of care the person needs, including personal care, mobility, medication, support with behavioural issues, types of choice the person has and any medical treatment they receive.* | | | | | |
| **THE DATE FROM WHICH THE STANDARD AUTHORISATION IS SOUGHT:** | | | |  | |
| *A further Standard Authorisation is required to start on this date so that it is force immediately after the expiry of the existing Standard Authorisation.* | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OTHER RELEVANT INFORMATION** | | | | |
| *Please include details of any changes previously given in the initial authorisation request, e.g. in the care plan, medical information, person’s behaviours, or visitors.* | | | | |
| **PERSON COMPLETING FORM** | | | | |
| Print name |  | | | |
| Date |  | Time |  | |
| **I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A FURTHER STANDARD AUTHORISATION** | | | |  |

**COMPLETED FORMS SHOULD BE EMAILED OR FAXED TO THE RELEVANT DOLS TEAM, IN LINE WITH YOUR ORGANISATIONS SECURE INFORMATION POLICY**

* DoLS cases are allocated to the Local Authority funding the care placement, all documentation should be forwarded to this authority for progression;
* Where the Relevant Person is self-funded, cases are allocated to the Local Authority of the care home, with the following exceptions;

1. Where the placement was arranged or assessed by another Local Authority.
2. Where another Local Authority has a continuing service agreement for the Relevant Person.

*Please ensure you are sending documentation to the correct team, forwarding information to the incorrect DoLS team may result in delays in processing.*

**WOLVERHAMPTON DOLS TEAM**

[DoLS@wolverhampton.gov.uk](mailto:DoLS@wolverhampton.gov.uk)

FAX: 01902 553210

PHONE: 01902 553259