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| Case ID Number:(For DoLS Office Use)  |
| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 10****REVIEW** |
| Full name of person being deprived of liberty (hereafter referred to as the **Relevant Person**) |  |
| Date of Birth |  | Est. Age |  |
| Name and address of care home or hospital where the person is deprived of liberty |  |
| Name of the Supervisory Body where this form is being sent  |  |
| **PERSON REQUESTING REVIEW** |
| Name |  |
| Address (If different to above) |  |
| Telephone |  |
| Email |  |
| Relationship to relevant person(Care provider, representative, IMCA, etc) |  |
| Organisation (if applicable) |  |
| **REVIEW TYPE** |
| Review of authorisation / conditions |  | *Complete page 2 and return* |
| Review to cease authorisation |  | *Complete page 3 and return* |

**Completed forms should be returned to the Wolverhampton DoLS team at** DoLS@wolverhampton.gov.uk

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| **A REVIEW OF THE CURRENT AUTHORISATION IS REQUESTED ON THE FOLLOWING GROUNDS**  *(place a cross in all boxes that apply)* |
| The person no longer meets one or more of the Age, No Refusals, Mental Capacity, Mental Health or Best Interests requirements, or the reason why they meet the requirements has changed |  |
| The conditions attached to the Standard Authorisation need to be varied because there has been a change in the person’s circumstances |  |
| *Please give details:* |
|  |
| **PERSON COMPLETING FORM** |
| Print Name |  |
| Date |  |

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| **REVIEW TO CEASE A DOLS AUTHORISATION** |
| The Managing Authority requests a review, because the person has been, or is about to be, discharged. This is on the grounds that the person no longer meets the best interest’s requirement and the Authorisation is therefore no longer required. |
| The person has left / is due to leave the care home on |  |
| The person is due to be / has been discharged from hospital on |  |
| The person’s new address is |  |
| This follows a best interest decision made on (please attach) |  |
| It is no longer in their best interest to be accommodated in this care home or hospital because: |
|  |
| **PERSON COMPLETING FORM** |
| Print Name |  |
| Date |  |

***The remainder of this form is for Supervisory Body use only***

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| **SUPERVISORY BODY’S DECISION with regard to whether ANY QUALIFYING REQUIREMENTS ARE REVIEWABLE** |
| The Supervisory Body has decided to refuse the request for the reasons given below |  |
|  |
| This review is therefore complete and the existing Standard Authorisation will continue to be in force until it’s original expiration date. |
|  |
| The Supervisory Body has decided that at least one of the qualifying requirements is reviewable, as a result of which the following review assessments were carried out: |  |
| **REQUIREMENT** | **MET** | **NOT MET** | **N/A** |
| Age requirement |  |  |  |
| No Refusals requirement |  |  |  |
| Eligibility requirement |  |  |  |
| Mental Health |  |  |  |
| Mental Capacity |  |  |  |
| Best Interests requirement |  |  |  |
| **OUTCOME OF REVIEW (select one option below)** |
| At least one of the requirements was not met and the Standard Authorisation will therefore cease with immediate effect |  |
|  |
| All the review assessments carried out concluded that the person continues to meet the requirements to which they relate, the standard authorisation therefore continues to be in force |  |
| Based on the assessments that were carried out, the reasons given in the Standard Authorisation as to why the person meets the requirements have been varied |  |
| *Please give details* |
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| **REVIEW OF CONDITIONS – Please note that the conditions can be reviewed alone without the need for a review of best interests or other requirements** |
| There has not been any **significant** change in the person’s circumstances and any changes there have been do not result in the need to vary the conditions. Therefore the existing conditions remain in force. |  |
| The Supervisory Body has decided to vary the conditions either because of a significant change or because some change has occurred which makes this appropriate. The new conditions are described below.  |  |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| Signed*(on behalf of the Supervisory Body)* | Signature |  |
| Print Name |  |
| Date |  |