

Case ID Number:			
<b>DEPRIVATION OF LIBERTY SAFEGUARDS FORM 2 REQUEST FOR A FURTHER STANDARD AUTHORISATION</b>			
Full name of person being deprived of their liberty	Joe Bloggs	Sex	M
Date of Birth (or estimated age if unknown)	01.01.1940	Est. Age	75
Name and Address of Managing Authority (care home or hospital) requesting this authorisation	Lawn Care Home Station Road Sutton in Ashfield Notts NG17 5GA		
Person to contact at the care home or hospital, (include ward details if appropriate)	Name	Terence Moore	
	Telephone	01623 *****	
	Email	tmoore@lawnch.com	
	Ward (if appropriate)		
<p><b>THE PURPOSE OF THE AUTHORISATION is to enable the following care and / or treatment to be given:</b></p> <ul style="list-style-type: none"> <li>Please describe the care and / or treatment this person is receiving or will receive day-to-day and attach a relevant care plan.</li> <li>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.</li> </ul> <p>Examples -</p> <ul style="list-style-type: none"> <li>Ensuring that necessary prescribed medication is given</li> <li>Other medical treatment</li> <li>Nursing care</li> <li>Assistance with mobilising safely</li> <li>Assistance with activities of daily living (such as dressing, eating, eating properly, using the toilet, personal hygiene)</li> <li>Care and supervision to prevent the person from coming to harm</li> <li>Assistance with behaving appropriately towards others</li> <li>Occupational therapy</li> </ul> <p>In order to provide appropriate levels of care to Mr Bloggs we are required in his best interest to ensure necessary medication is administered for his physical and mental health. We are required to provide Mr Bloggs with personal care such as washing dressing and assistance with meals as Mr Bloggs is required to have 1-1 input during meal times</p> <p>Mr Bloggs also requires equipment to maintain his safety including a locked door which Mr Bloggs is not given the code to exit and is not allowed to leave except with an escort, we also use a tilt chair and bed alarms during the night. Due to high levels of agitation Mr Bloggs requires a behaviour management plan including 1-1 at meals, escorted visits from the unit, PRN medication and occasional time out in his room.</p>			

**THE DATE FROM WHICH THE STANDARD AUTHORISATION IS SOUGHT:**

A further Standard Authorisation is required to start on this date so it is force immediately after the expiry of the existing Standard Authorisation.

The day after the current authorisation expires

**OTHER RELEVANT INFORMATION**

*Please include details of any changes previously given in Form 1 e.g. in the care plan, medical information, person's behaviour or visitors.*

Any changes listed here

Signature	Signature required here	Print name	e.g. Terence Moore - Manager
Date	14.10.2015	Time	
<p><b>I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A FURTHER STANDARD AUTHORISATION</b> <i>(Please sign to confirm)</i></p>			