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| --- | --- | --- | --- | --- | --- | --- |
| Case ID Number: **17725** | | | | | | |
| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 12**  **NOTIFICATION OF DEATH WHILST DEPRIVED OF LIBERTY** | | | | | | |
| Full name of person who was deprived of their liberty | | | **Joe Bloggs** | | | |
| Date of Birth (*or estimated age if unknown)* | | | **01.01.1940** | | Est. Age | **77** |
| **Date of Death** | | | **30.11.2017** | | | |
| Location of person at time of death | | | **Lawn Care Home** | | | |
| Name and address of the care home or hospital where the person was being deprived of their liberty | | | **Lawn Care Home, Station Rd, Sutton-in-Ashfield, Notts, NG17 5GA** | | | |
| Name and contact details of family member/RPR | | | **Ms Julie Goodmonth (daughter) and RPR – Holds both Health and Welfare and Property and Affairs Lasting Powers of Attorney.** | | | |
| Name of the Supervisory Body | | | **Nottinghamshire County Council** | | | |
| Person to contact at Supervisory Body | | Name | | **The Team Managers, Nottinghamshire DoLS Team** | | |
| Telephone | | **0115 804 0128** | | |
| Email | | [referdols@nottscc.gov.uk](mailto:referdols@nottscc.gov.uk) | | |
| Contact details of the GP | | Name | | **To be completed** | | |
| Address | | **To be completed** | | |
| Telephone | | **To be completed** | | |
| **SUBMITTING THIS NOTIFICATION** | | | | | | |
| **As soon as practicable the Managing Authority must send a copy of this notice to the Supervisory Body for the hospital or care home, which will then inform any IMCA instructed for the person and every person named by the Best Interests Assessor in their report as an interested person whom they have consulted in carrying out their assessment.** | | | | | | |
| Signed  *(on behalf of the Managing Authority)* | Name | | | **E. Paget** | | |
| Print Name | | | **Elaine Paget (Manager)** | | |
| Date | | | **2.12.2017** | | |