



## **Completing a Deprivation of Liberty Safeguards Form 1 for the Nottinghamshire Deprivation of Liberty Safeguards Team**

The current Deprivation of Liberty Form 1 accessed via the Nottinghamshire County Council portal is due to be updated to include additional questions. Whilst awaiting this update we request that however you submit the Form 1, via the Nottinghamshire County Council portal or by completion of the word document, that the following information is included in all future referrals.

- **Date of admission?**
- **Where the person was admitted from?**
- **Is this a short-term placement?**
- **Is sedative or mood-altering medication prescribed? If so, what is the name of the medication and what is the dosage?**
- **Is any medication given covertly?**
- **Is the person objecting; asking to leave, attempting to leave or resisting care? Please give details.**
- **Is one to one or continuous supervision necessary?**
- **Has the person been assessed as being at 'End of Life' which would mean that assessment under Deprivation of Liberty Safeguards would be intrusive or inappropriate?**
- **How is the placement funded? E.g. Self-funded, Local Authority or Clinical Commissioning Group (please name the Local Authority or Clinical Commissioning Group).**

Please ensure that everyone who is responsible for submitting the Form 1 takes care to only send information which relates to and has relevance to the named individual.

The information contained in this leaflet can be found on the Nottinghamshire County Council's Deprivation of Liberty Safeguards website or via this link:

<https://www.nottinghamshire.gov.uk/care/adult-social-care/deprivation-of-liberty-safeguards-dols/dols-information-for-hospitals-and-care-homes>

Inclusion of this additional information will enable a smoother process and will reduce the time taken discussing individual referrals with you.

Thank you for your co-operation.