

Customer Portal User Guide(DoLS)

This user guide will provide the user with
the information they require to complete
the request in relation to:

Deprivation of Liberty Safeguards (DoLS).



Suffolk
County Council

The Forms
that will be
covered are as
follows:

- FORM 1 – Request for Standard/Urgent DoLS Authority
- FORM 2 – Request for Further Authority for Standard Authorisation
- FORM 7 – Request for DoLS Suspension
- FORM 10 – Request for DoLS Review

Portal Home Page

Home

Welcome to the Suffolk Adult Care Portal

Paying for my Care



Work out if you may need to contribute towards care costs

Request Support



Tell us about your situation to see how we can support you

Report a Safeguarding Concern



Tell us if you or someone else is at risk of abuse, harm or neglect

Request Access to a Customer Record



If you are currently receiving services, or are responsible for someone who is, you can request access to their customer record here

Professionals



Information and areas specific to Professionals working with Suffolk County Council

Please select

Professionals Portal Page

[Home](#) » [Professionals](#)

Professionals

[Report a Safeguarding Concern](#)



Tell us about someone at risk of abuse, harm or neglect

[Referral to Suffolk County Council](#)



Make a Referral for someone who needs support

[Deprivation of Liberty Safeguards \(DoLS\)](#)



Request or Extend a DoLS

[Professional Portal](#)



Login and view tasks assigned to you in the Suffolk Professional Portal

Please select

Deprivation of Liberty Safeguards (DoLS) Portal Page

[Home](#) » [Professionals](#) » Deprivation of Liberty Safeguards (DoLS)

Deprivation of Liberty Safeguards (DoLS)

Request for a Standard and Urgent
Authorisation



FORM1

Request for a Further Standard
Authorisation



FORM2

Request for Suspension of DoLS
Episode



FORM7

Request for a DoLS Review



FORM10

Please select
Appropriate Form

Completing a FORM 1:
Request for Standard
Authorisation and
Urgent Authorisation

Initial Request Page

Home My Account My Saved Forms My Messages Logout Change Password

Home » Request for a Standard and Urgent Authorisation

Request for a Standard and Urgent Authorisation

- Request a DoLS**
- Your Details
- Information
- Request for Standard Authorisation
- Information about interested persons and others to consult
- IMCA Instruction
- Request for an Extension to the Urgent Authorisation
- Supporting Documents
- Submit Request

REQUEST A DOLS

How does this tool work?

You can complete this form for yourself or on behalf of someone else
i.e. If you are a carer, relative, friend or professional

How to Navigate

Click on the numbered sections on the left hand side of the window
or
use the *Next* ► and *Previous* ◀ options to move through the pages.
Don't use the Browser 'Back' button

The Form

Questions

You DO NOT need to answer every question, you need only complete what is relevant.
The form uses many different types of questions, including lists and text fields

Select the option(s) that best describes your situation.

This symbol ★ indicates that the question is mandatory and must be answered in order to continue.

Options

Save the Form

Use the option to Save the form to return to at any time. ⓘ

Print the Form

Use the  option to Print a copy of the form if required. ⓘ

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- 1 Request a DoLS
- 2 Your Details**
- 3 Information
- 4 Request for Standard Authorisation
- 5 Information about interested persons and others to consult
- 6 IMCA Instruction
- 7 Request for an Extension to the Urgent Authorisation
- 8 Supporting Documents
- 9 Submit Request

YOUR DETAILS

Your Details (Person submitting the form)

First Name *	<input type="text"/>
Last Name *	<input type="text"/>
Email *	<input type="text"/>
Telephone	<input type="text"/>

This information will be completed automatically from your registration details

Who is the Assessment for?

I am completing this form on behalf of: *

Your relationship to person *

First Name *

Last Name *

Date of Birth * 

Gender *

Ethnicity *

Email

Telephone

NHS Number

Please ONLY select 'Someone else in a professional Capacity'

Please enter 'Post Code' & select 'Find Address'
Select the appropriate address from the list provided

Address

House Number or Name

Postcode *

Find Address

For your information we collect this information for statutory returns. There is an option to select if you do not want to disclose this.

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Case ID Number:

DEPRIVATION OF LIBERTY SAFEGUARDS FORM 1

REQUEST FOR STANDARD AUTHORISATION AND URGENT AUTHORISATION

Request a **Standard Authorisation** only (*you DO NOT need to complete pages 6 or 7*)

Grant an **Urgent Authorisation** (*please ALSO complete pages 6 and 7 if appropriate/required*)

Full name of person being deprived of liberty

Sex

Date of Birth (*or estimated age if unknown*)

Est. Age

Relevant Medical History (*including diagnosis of mental disorder if known*)

Sensory Loss

Communication Requirements

Name and address of the care home or hospital requesting this authorisation

Telephone Number

Person to contact at the care home or hospital, (including ward details if appropriate)

Name

Telephone

Email

Ward (if appropriate)

Usual address of the person, (if different to above)

Telephone Number

Name of the Supervisory Body where this form is being sent

How the care is funded

Local Authority
please specify

NHS

Self-funded by person

Local Authority and NHS (jointly funded)

Funded through insurance or other

Request for a Standard and Urgent Authorisation

INFORMATION

- 1 Request a DoLS
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- 4 Request for Standard Authorisation
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- 8 Supporting Documents
- 9 Submit Request

Type of Request *
 Request a **Standard Authorisation** only
 Grant an **Urgent Authorisation**

Relevant Medical History *

Sensory Loss *

Communication Requirements *

Name and address of the care home or hospital requesting this authorisation *

Name of the Supervisory Body where this form is being sent *

How the care is funded *

Local Authority NHS Self-funded by person
 Local Authority and NHS (jointly funded) Funded through insurance or other

Please provide funding details *

If shared funding Please provide details here

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Request for a Standard and Urgent Authorisation

REQUEST FOR STANDARD AUTHORISATION	
THE DATE FROM WHICH THE STANDARD AUTHORISATION IS REQUIRED: <i>If standard only – within 28 days</i> <i>If an urgent authorisation is also attached – within 7 days</i>	
PURPOSE OF THE STANDARD AUTHORISATION <ul style="list-style-type: none"> 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. 	
<ul style="list-style-type: none"> Explain why the person is or will not be free to leave and why they are under continuous or complete supervision and control. Describe the proposed restrictions or the restrictions you have put in place which are necessary to ensure the person receives care and treatment. (It will be helpful if you can describe why less restrictive options are not possible including risks of harm to the person.) Indicate the frequency of the restrictions you have put in place. 	

- 1 Request a DoLS
- 2 Your Details
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- 5 Information about interested persons and others to consult
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- 9 Submit Request

REQUEST FOR STANDARD AUTHORISATION

The date from which the standard authorisation is required *

dd-mm-yyyy 

If standard only – within 28 days
If an urgent authorisation is also attached – within 7 days

Purpose of the Standard Authorisation

- 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.

*

- Explain why the person is or will not be free to leave and why they are under continuous or complete supervision and control.
- Describe the proposed restrictions or the restrictions you have put in place which are necessary to ensure the person receives care and treatment. (It will be helpful if you can describe why less restrictive options are not possible including risks of harm to the person.)
- Indicate the frequency of the restrictions you have put in place.

*

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INFORMATION ABOUT INTERESTED PERSONS AND OTHERS TO CONSULT		
Family member or friend	Name	
	Address	
	Telephone	
Anyone named by the person as someone to be consulted about their welfare	Name	
	Address	
	Telephone	
Anyone engaged in caring for the person or interested in their welfare	Name	
	Address	
	Telephone	
Any donee of a Lasting Power of Attorney granted by the person	Name	
	Address	
	Telephone	
Any Personal Welfare Deputy appointed for the person by the Court of Protection	Name	
	Address	
	Telephone	
Any IMCA instructed in accordance with sections 37 to 39D of the Mental Capacity Act 2005	Name	
	Address	
	Telephone	

Request for a Standard and Urgent Authorisation

- 1 Request a DoLS
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INFORMATION ABOUT INTERESTED PERSONS AND OTHERS TO CONSULT

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Anyone engaged in caring for the person or interested in their welfare

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Any Personal Welfare Deputy appointed for the person by the Court of Protection

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Any IMCA instructed in accordance with sections 37 to 39D of the Mental Capacity Act 2005

Name

Address

Telephone

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Request for a Standard and Urgent Authorisation

WHETHER IT IS NECESSARY FOR AN INDEPENDENT MENTAL CAPACITY ADVOCATE (IMCA) TO BE INSTRUCTED			
Place a cross in EITHER box below			
Apart from professionals and other people who are paid to provide care or treatment, this person has no-one whom it is appropriate to consult about what is in their best interests			
There is someone whom it is appropriate to consult about what is in the person's best interests who is neither a professional nor is being paid to provide care or treatment			
WHETHER THERE IS A VALID AND APPLICABLE ADVANCE DECISION			
Place a cross in one box below			
The person has made an Advance Decision that is valid and applicable to some or all of the treatment			
The Managing Authority is not aware that the person has made an Advance Decision that may be valid and applicable to some or all of the treatment			
The proposed deprivation of liberty is <u>not</u> for the purpose of giving treatment			
THE PERSON IS SUBJECT TO SOME ELEMENT OF THE MENTAL HEALTH ACT (1983)			
Yes		No	
If Yes please describe further e.g. application/order/direction, community treatment order, guardianship			
OTHER RELEVANT INFORMATION			
Names and contact numbers of regular visitors not detailed elsewhere on this form:			
Any other relevant information including safeguarding issues:			
PLEASE NOW SIGN AND DATE THIS FORM			
Signature		Print Name	
Date		Time	
I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A DoLS AUTHORISATION (Please sign to confirm)			

- 1 Request a DoLS
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IMCA INSTRUCTION

Whether it is necessary for an Independent Mental Capacity Advocate (IMCA) to be Instructed

Whether there is a valid and applicable advance decision

The person is subject to some element of the Mental Health Act (1983)

Other Relevant Information

Names and contact numbers of regular visitors not detailed elsewhere on this form

Any other relevant information including safeguarding issues

Has customer or representative been informed of this request?

Please indicate who has been informed of this request

Please Provide names of people that have been informed

ONLY COMPLETE THIS SECTION IF YOU NEED TO GRANT AN URGENT AUTHORISATION BECAUSE IT APPEARS TO YOU THAT THE DEPRIVATION OF LIBERTY IS ALREADY OCCURRING, OR ABOUT TO OCCUR, AND YOU REASONABLY THINK ALL OF THE FOLLOWING CONDITIONS ARE MET

URGENT AUTHORISATION
Place a cross in EACH box to confirm that the person appears to meet the particular condition

The person is aged 18 or over	
The person is suffering from a mental disorder	
The person is being accommodated here for the purpose of being given care or treatment. <i>Please describe further on page 2</i>	
The person lacks capacity to make their own decision about whether to be accommodated here for care or treatment	
The person has not, as far as the Managing Authority is aware, made a valid Advance Decision that prevents them from being given any proposed treatment	
Accommodating the person here, and giving them the proposed care or treatment, does not, as far as the Managing Authority is aware, conflict with a valid decision made by a donee of a Lasting Power of Attorney or Personal Welfare Deputy appointed by the Court of Protection under the Mental Capacity Act 2005	
It is in the person's best interests to be accommodated here to receive care or treatment, even though they will be deprived of liberty	
Depriving the person of liberty is necessary to prevent harm to them, and a proportionate response to the harm they are likely to suffer otherwise	
The person concerned is not, as far as the Managing Authority is aware, subject to an application or order under the Mental Health Act 1983 or, if they are, that order or application does not prevent an Urgent Authorisation being given	
The need for the person to be deprived of liberty here is so urgent that it is appropriate for that deprivation to begin immediately before the request for the Standard Authorisation is made or has been determined	

AN URGENT AUTHORISATION IS NOW GRANTED
This Urgent Authorisation comes into force immediately.

It is to be in force for a period of: days

The maximum period allowed is seven days.

This Urgent Authorisation will expire at the end of the day on:

Signed	<input type="text"/>	Print name	<input type="text"/>
Date	<input type="text"/>	Time	<input type="text"/>

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URGENT AUTHORISATION

Only complete this section if you need to grant an Urgent Authorisation because it appears to you that the Deprivation of Liberty is already occurring, or about to occur and you reasonably think all of the following conditions are met

Urgent Authorisation

Please note that unless all of these boxes are selected, this request will be treated as a standard authorisation

Select EACH box to confirm that the person appears to meet the particular condition

- The person is aged 18 or over
- The person is suffering from a mental disorder
- The person is being accommodated here for the purpose of being given care or treatment.
- The person lacks capacity to make their own decision about whether to be accommodated here for care or treatment
- The person has not, as far as the Managing Authority is aware, made a valid Advance Decision that prevents them from being given any proposed treatment
- Accommodating the person here, and giving them the proposed care or treatment, does not, as far as the Managing Authority is aware, conflict with a valid decision made by a donee of a Lasting Power of Attorney or Personal Welfare Deputy appointed by the Court of Protection under the Mental Capacity Act 2005
- It is in the person's best interests to be accommodated here to receive care or treatment, even though they will be deprived of liberty
- Depriving the person of liberty is necessary to prevent harm to them, and a proportionate response to the harm they are likely to suffer otherwise
- The person concerned is not, as far as the Managing Authority is aware, subject to an application or order under the Mental Health Act 1983 or, if they are, that order or application does not prevent an Urgent Authorisation being given
- The need for the person to be deprived of liberty here is so urgent that it is appropriate for that deprivation to begin immediately before the request for the Standard Authorisation is made or has been determined

An Urgent Authorisation is now Granted

This Urgent Authorisation comes into force immediately.

It is to be in force for a period of (days):

The maximum period allowed is today plus six days

This Urgent Authorisation will expire at the end of the day on:

This should be the submission date plus 6 days

Signature *
(Please sign to confirm)

Date *

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Request for a Standard and Urgent Authorisation

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REQUEST FOR AN EXTENSION TO THE URGENT AUTHORISATION

If Supervisory Body is unable to complete the process to give a Standard Authorisation (which has been requested) before the expiry of the existing Urgent Authorisation

An Urgent Authorisation is in force and a Standard Authorisation has been requested for this person.

The Managing Authority now requests that the duration of this Urgent Authorisation is extended for a further period of (days)

up to a maximum of 7 days

It is essential for the existing deprivation of liberty to continue until the request for a Standard Authorisation is completed because the person needs to continue to be deprived and exceptional reasons are as follows

Please now sign, date and send to the SUPERVISORY BODY for authorisation

Signature

(Please sign to confirm)

Date 

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 Save for later

REQUEST FOR AN EXTENSION TO THE URGENT AUTHORISATION
If Supervisory Body is unable to complete the process to give a Standard Authorisation (which has been requested) before the expiry of the existing Urgent Authorisation

An Urgent Authorisation is in force and a Standard Authorisation has been requested for this person.

The Managing Authority now requests that the duration of this Urgent Authorisation is extended for a further period of DAYS (*up to a maximum of 7 days*)

It is essential for the existing deprivation of liberty to continue until the request for a Standard Authorisation is completed because the person needs to continue to be deprived and exceptional reasons are as follows (*please record your reasons*):

Please now sign, date and send to the SUPERVISORY BODY for authorisation

Signature	<input type="text"/>	Date	<input type="text"/>
-----------	----------------------	------	----------------------

RECORD THAT THE DURATION OF THIS URGENT AUTHORISATION HAS BEEN EXTENDED

This part of the form must be completed by the SUPERVISORY BODY if the duration of the Urgent Authorisation is extended. **The Managing Authority does not complete this part of the form.**

The duration of this Urgent Authorisation has been extended by the Supervisory Body.

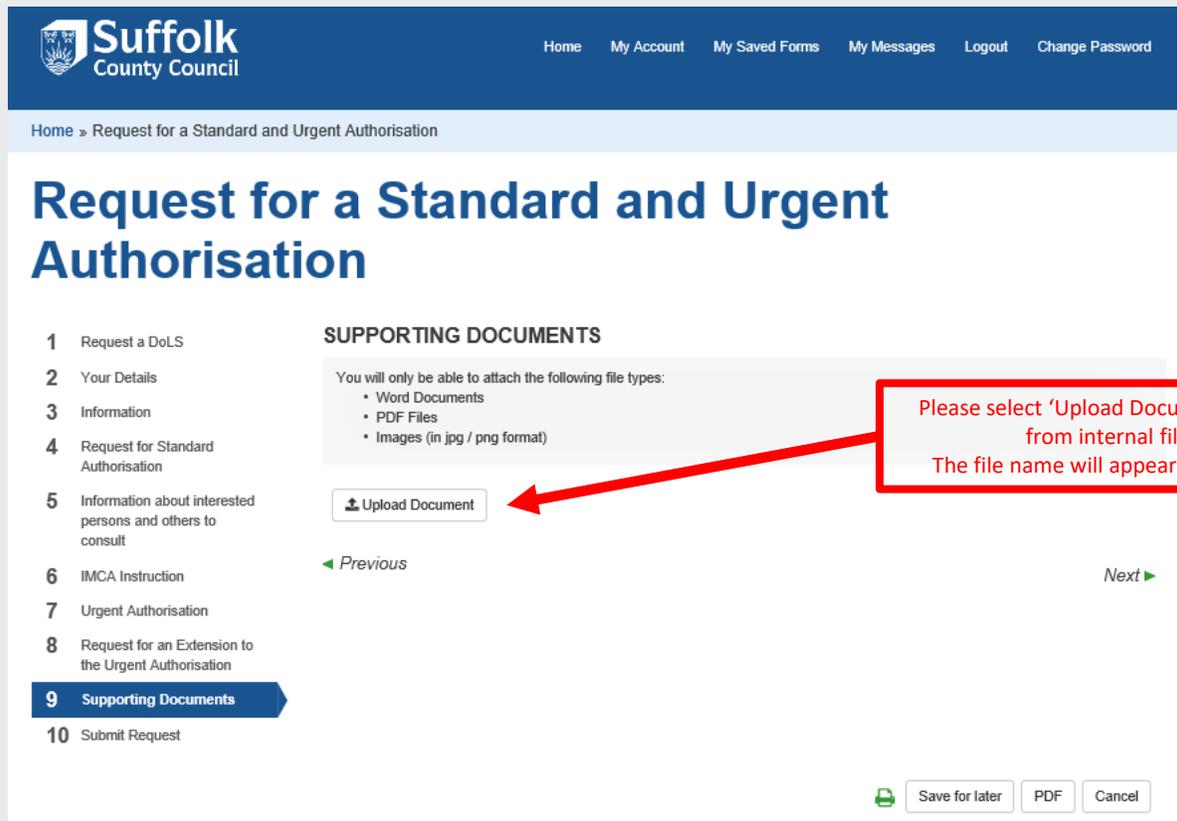
It is now in force for a further days

Important note: The period specified must not exceed seven days.

This Urgent Authorisation will now expire at the end of the day on:

SIGNED (on behalf of the Supervisory Body)	Signature	<input type="text"/>
	Print Name	<input type="text"/>
	Date	<input type="text"/>
	Time	<input type="text"/>

Supporting Documentation Page



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Request for a Standard and Urgent Authorisation

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SUPPORTING DOCUMENTS

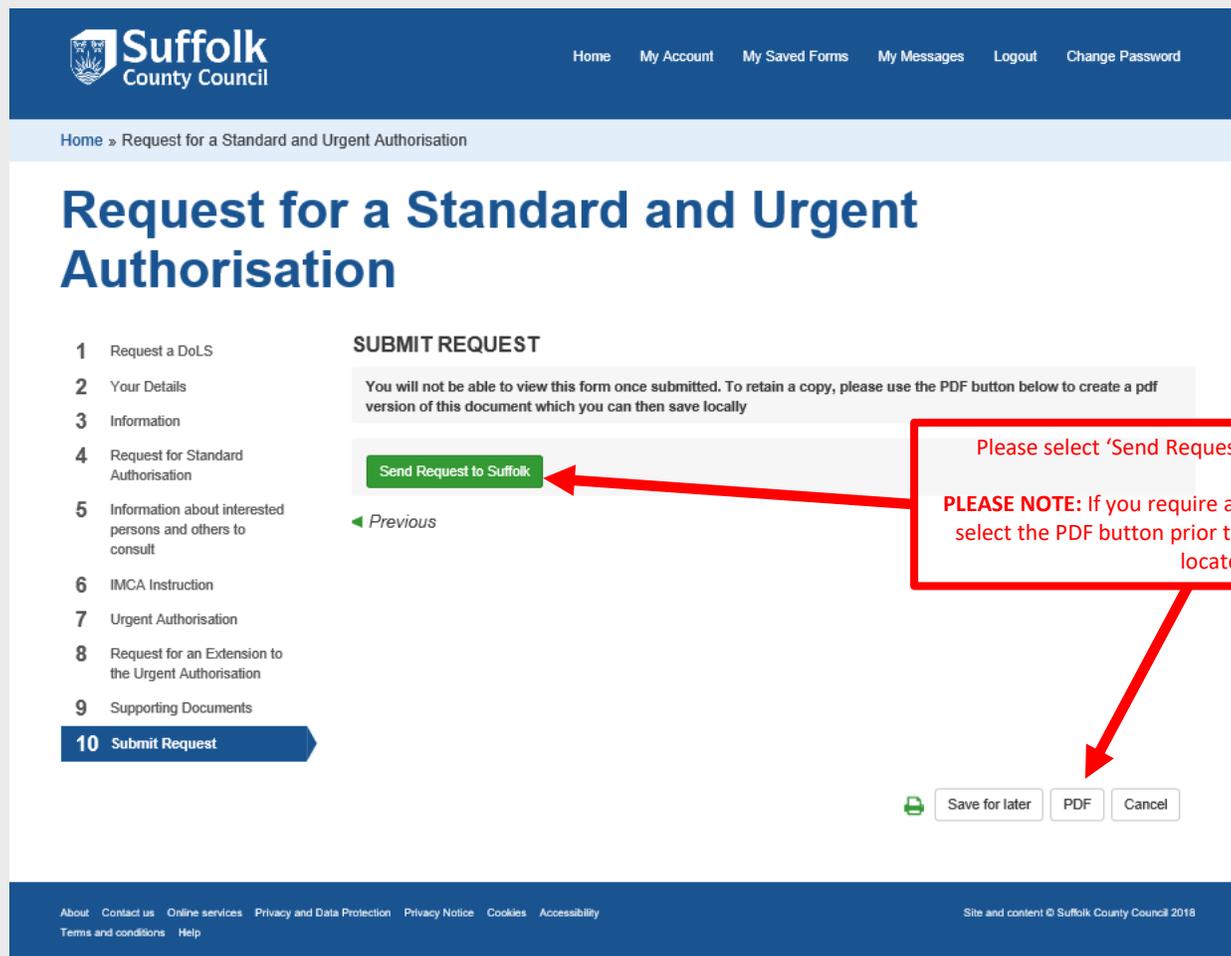
You will only be able to attach the following file types:

- Word Documents
- PDF Files
- Images (in jpg / png format)

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Please select 'Upload Document' and locate supporting document from internal filing structure and attach file.
The file name will appear above the 'Upload Document' button

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Home » Request for a Standard and Urgent Authorisation

Request for a Standard and Urgent Authorisation

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- 9 Supporting Documents
- 10 Submit Request**

SUBMIT REQUEST

You will not be able to view this form once submitted. To retain a copy, please use the PDF button below to create a pdf version of this document which you can then save locally

[Send Request to Suffolk](#)

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[Save for later](#) [PDF](#) [Cancel](#)

Please select 'Send Request to Suffolk' to submit the request.

PLEASE NOTE: If you require a copy of this form for future reference select the PDF button prior to submission and save a copy to your locate filing system

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Completing a FORM 2:
Request for a Further
Standard Authorisation

Initial Request Page

**Suffolk**
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Request for a Further Standard Authorisation

- Extend a DoLS**
- Your Details
- Request for a Further Standard Authorisation
- Supporting Documents
- Submit Request

EXTEND A DOLS

How does this tool work?

You can complete this form for yourself or on behalf of someone else
i.e. if you are a carer, relative, friend or professional

How to Navigate

Click on the **numbered sections** on the left hand side of the window
or
use the *Next* ► and *Previous* ◀ options to move through the pages.
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The Form

Questions

You **DO NOT** need to answer every question, you need only complete what is relevant.
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Select the option(s) that best describes your situation.

This symbol ★ indicates that the question is mandatory and must be answered in order to continue.

Save the Form

Use the option to Save the form to return to at any time. ⓘ

Print the Form

Use the  option to Print a copy of the form if required. ⓘ

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- 1 Request a DoLS
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- 6 IMCA Instruction
- 7 Request for an Extension to the Urgent Authorisation
- 8 Supporting Documents
- 9 Submit Request

YOUR DETAILS

Your Details (Person submitting the form)

First Name *	<input type="text"/>
Last Name *	<input type="text"/>
Email *	<input type="text"/>
Telephone	<input type="text"/>

This information will be completed automatically from your registration details

Who is the Assessment for?

I am completing this form on behalf of: *

Your relationship to person *

First Name *

Last Name *

Date of Birth * 

Gender * 

Ethnicity * 

Email

Telephone

NHS Number

Please ONLY select 'Someone else in a professional Capacity'

Address

Postcode or Name

Postcode * 

Please enter 'Post Code' & select 'Find Address'
Select the appropriate address from the list provided

For your information we collect this information for statutory returns. There is an option to select if you do not want to disclose this.

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Case ID Number:

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 <i>(or estimated age if unknown)</i>		Est. Age	
Name and Address of Managing Authority (care home or hospital) requesting this authorisation			
Person to contact at the care home or hospital, (include ward details if appropriate)	Name		
	Telephone		
	Email		
	Ward <i>(if appropriate)</i>		
THE PURPOSE OF THE AUTHORISATION is to enable the following care and / or treatment to be given: <ul style="list-style-type: none"> 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 it is force immediately after the expiry of the existing Standard Authorisation. <input type="text"/>			

Request for a Further Standard Authorisation

- 1 Extend a DoLS
- 2 Your Details
- 3 Request for a Further Standard Authorisation
- 4 Supporting Documents
- 5 Submit Request

REQUEST FOR A FURTHER STANDARD AUTHORISATION

Name and address of the care home or hospital requesting this authorisation

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:

dd-mm-yyyy



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

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.

I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A FURTHER STANDARD AUTHORISATION

(Please sign to confirm)

Date

dd-mm-yyyy



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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.

Signature		Print name	
Date		Time	
I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A FURTHER STANDARD AUTHORISATION (Please sign to confirm)			

Request for a Further Standard Authorisation

- 1 Extend a DoLS
- 2 Your Details
- 3 Request for a Further Standard Authorisation**
- 4 Supporting Documents
- 5 Submit Request

REQUEST FOR A FURTHER STANDARD AUTHORISATION

Name and address of the care home or hospital requesting this authorisation

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The date from which the standard authorisation is sought:

dd-mm-yyyy



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

Other Relevant Information

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I HAVE INFORMED ANY INTERESTED PERSONS OF THE REQUEST FOR A FURTHER STANDARD AUTHORISATION

(Please sign to confirm)

Please Provide names of people that have been informed

Date

dd-mm-yyyy



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Request for a Further Standard Authorisation

- 1 Extend a DoLS
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SUPPORTING DOCUMENTS

You will only be able to attach the following file types:

- Word Documents
- PDF Files
- Images (in jpg / png format)



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Please select 'Upload Document' and locate supporting document from internal filing structure and attach file. The file name will appear above the 'Upload Document' button

Submit Application Page

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Home » Request for a Further Standard Authorisation

Request for a Further Standard Authorisation

- 1 Extend a DoLS
- 2 Your Details
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- 4 Supporting Documents
- 5 Submit Request**

SUBMIT REQUEST

You will not be able to view this form once submitted. To retain a copy, please use the PDF button below to create a pdf version of this document which you can then save locally

[Send Request to Suffolk](#)

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Please select 'Send Request to Suffolk' to submit the request.

PLEASE NOTE: If you require a copy of this form for future reference select the PDF button prior to submission and save a copy to your locate filing system

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Completing a FORM 7:
Suspension of Standard
Authorisation

Initial Request Page

Request for Suspension of DoLS Episode

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2 Your Details

3 Suspension of Standard Authorisation

4 Suspension

5 Supporting Documents

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INTRODUCTION

How does this tool work?

You can complete this form for yourself or on behalf of someone else

i.e. if you are a carer, relative, friend or professional.

How to Navigate

Click on the **numbered sections** on the left hand side of the window

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use the *Next* ► and ◀ *Previous* options to move through the pages.

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The Form

Questions

You **DO NOT** need to answer every question, you need only complete what is relevant.

The form uses many different types of questions, including lists and text fields

Select the option(s) that best describes your situation.

This symbol * indicates that the question is mandatory and must be answered in order to continue.

Options

Save the Form

Use the option to Save the form to return to at any time. ?

Print the Form

Use the  option to Print a copy of the form if required. ?

Next ►



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- 3 Information
- 4 Request for Standard Authorisation
- 5 Information about interested persons and others to consult
- 6 IMCA Instruction
- 7 Request for an Extension to the Urgent Authorisation
- 8 Supporting Documents
- 9 Submit Request

YOUR DETAILS

Your Details (Person submitting the form)

First Name *	<input type="text"/>
Last Name *	<input type="text"/>
Email *	<input type="text"/>
Telephone	<input type="text"/>

This information will be completed automatically from your registration details

Who is the Assessment for?

I am completing this form on behalf of: *

Your relationship to person *

First Name *

Last Name *

Date of Birth * 

Gender * 

Ethnicity * 

Email

Telephone

NHS Number

Please ONLY select 'Someone else in a professional Capacity'

Address

Postcode or Name

Postcode * 

Please enter 'Post Code' & select 'Find Address'
Select the appropriate address from the list provided

For your information we collect this information for statutory returns. There is an option to select if you do not want to disclose this.

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Case ID Number:			
DEPRIVATION OF LIBERTY SAFEGUARDS FORM 7 SUSPENSION OF STANDARD AUTHORISATION			
Full name of the person who is subject to the Standard Authorisation			
Date of birth (or estimated age if unknown)		Est. Age	
Name and address of the care home or hospital stated on the Standard Authorisation			
Person to contact at the care home or hospital, (include ward details if appropriate)	Name		
	Telephone		
	Email		
	Ward		
Current location of the person who is subject to the Standard Authorisation			
Name of the Supervisory Body		Suffolk County Council	
NOTICE THAT THE PERSON NO LONGER MEETS THE ELIGIBILITY REQUIREMENT			
The above person no longer meets the eligibility requirement for a Standard Authorisation under Schedule A1 to the Mental Capacity Act 2005.			
The Standard Authorisation is suspended from the time this notice is given.			
The Standard Authorisation no longer authorises the care home or hospital to deprive the person of their liberty for as long as it is suspended.			
REASON WHY THE PERSON NO LONGER MEETS THE ELIGIBILITY REQUIREMENT			
<i>Please select one of the reasons below with reference to Schedule A1 to the Mental Capacity Act 2005</i>			
The person is now detained in a hospital under one of the following sections of the Mental Health Act 1983: sections 2, 3, 4, 35-38, 44, 45A, 47, 48 or 51.			
Accommodating the person in this care home or hospital now conflicts with a requirement imposed upon them in connection with their liability to detention under the Mental Health Act 1983.			
Accommodating the person in this care home or hospital now conflicts with a requirement imposed under the Mental Health Act 1983. (Guardianship or Community Treatment Order for example.)			
Accommodating the person in this care home or hospital now conflicts with a Guardianship Order			
Signed (on behalf of the Managing Authority):	Signature		
	Print Name		
	Date of notice (also the date on which the Standard Authorisation is suspended)		

Request for Suspension of DoLS Episode

- 1 Introduction
- 2 Your Details
- 3 Suspension of Standard Authorisation**
- 4 Suspension
- 5 Supporting Documents
- 6 Submit

SUSPENSION OF STANDARD AUTHORISATION

Notice that the Person no longer meets the Eligibility Requirement

The above person no longer meets the eligibility requirement for a Standard Authorisation under Schedule A1 to the Mental Capacity Act 2005.

The Standard Authorisation is suspended from the time this notice is given.

The Standard Authorisation no longer authorises the care home or hospital to deprive the person of their liberty for as long as it is suspended.

Reason why the Person no longer meets the Eligibility Requirement

Please select one of the reasons below with reference to Schedule A1 to the Mental Capacity Act 2005

- The person is now detained in a hospital under one of the following sections of the Mental Health Act 1983: sections 2, 3, 4, 35-38, 44, 45A, 47, 48 or 51.
- Accommodating the person in this care home or hospital now conflicts with a requirement imposed upon them in connection with their liability to detention under the Mental Health Act 1983.
- Accommodating the person in this care home or hospital now conflicts with a requirement imposed under the Mental Health Act 1983. (Guardianship or Community Treatment Order for example.)
- Accommodating the person in this care home or hospital now conflicts with a Guardianship Order

Signed (on behalf of the Managing Authority)

Name

Date

Date of notice

(also the date on which the Standard Authorisation is suspended)

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Save for later PDF Cancel

Please select one option	
NOTICE THAT THE RELEVANT PERSON MEETS THE ELIGIBILITY REQUIREMENT AGAIN	
During the previous 28 days the Managing Authority gave the Supervisory Body notice that the above person no longer met the eligibility requirement for a Standard Authorisation. The effect of that notice was to suspend the Standard Authorisation.	
The Managing Authority now gives the Supervisory Body notice that the person once again meets the eligibility requirement for the following reasons and the Standard Authorisation ceases to be suspended when this notice is given.	
Signed <i>(on behalf of the Managing Authority)</i>	Signature
	Print Name
	Date
NOTICE THAT THE STANDARD AUTHORISATIONS HAS CEASED TO BE IN FORCE	
28 days or more have lapsed starting on the date on which the Standard Authorisation was suspended. In that time, the suspension has not ceased to be suspended. The Standard Authorisation ceased to have effect at the end of the 28 day period (<i>give date</i>):	
<input type="text"/>	
Signed <i>(on behalf of the Managing Authority)</i>	Signature
	Print Name
	Date



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Request for Suspension of DoLS Episode

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SUSPENSION

During the previous 28 days the Managing Authority gave the Supervisory Body notice that the above person no longer met the eligibility requirement for a Standard Authorisation. The effect of that notice was to suspend the Standard Authorisation.

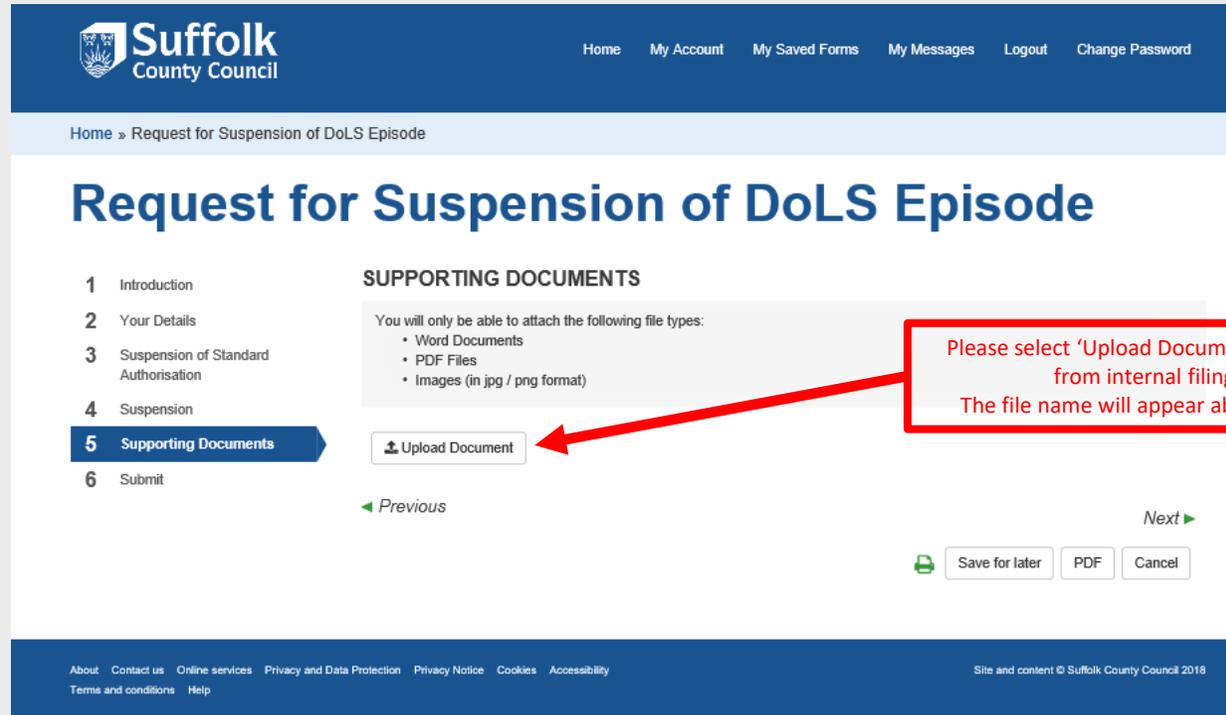
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Supporting Documentation Page



The screenshot shows the Suffolk County Council website interface for a 'Request for Suspension of DoLS Episode'. The page is titled 'Request for Suspension of DoLS Episode' and is currently on step 5, 'Supporting Documents'. A navigation menu on the left lists steps 1 through 6, with step 5 highlighted. The main content area is titled 'SUPPORTING DOCUMENTS' and includes a list of allowed file types: Word Documents, PDF Files, and Images (in jpg / png format). Below this list is an 'Upload Document' button. A red arrow points from a red-bordered text box to this button. The text box contains the instruction: 'Please select 'Upload Document' and locate supporting document from internal filing structure and attach file. The file name will appear above the 'Upload Document' button'. At the bottom of the form, there are 'Previous' and 'Next' navigation buttons, and a 'Save for later' button with 'PDF' and 'Cancel' options.

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County Council

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Request for Suspension of DoLS Episode

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SUPPORTING DOCUMENTS

You will only be able to attach the following file types:

- Word Documents
- PDF Files
- Images (in jpg / png format)



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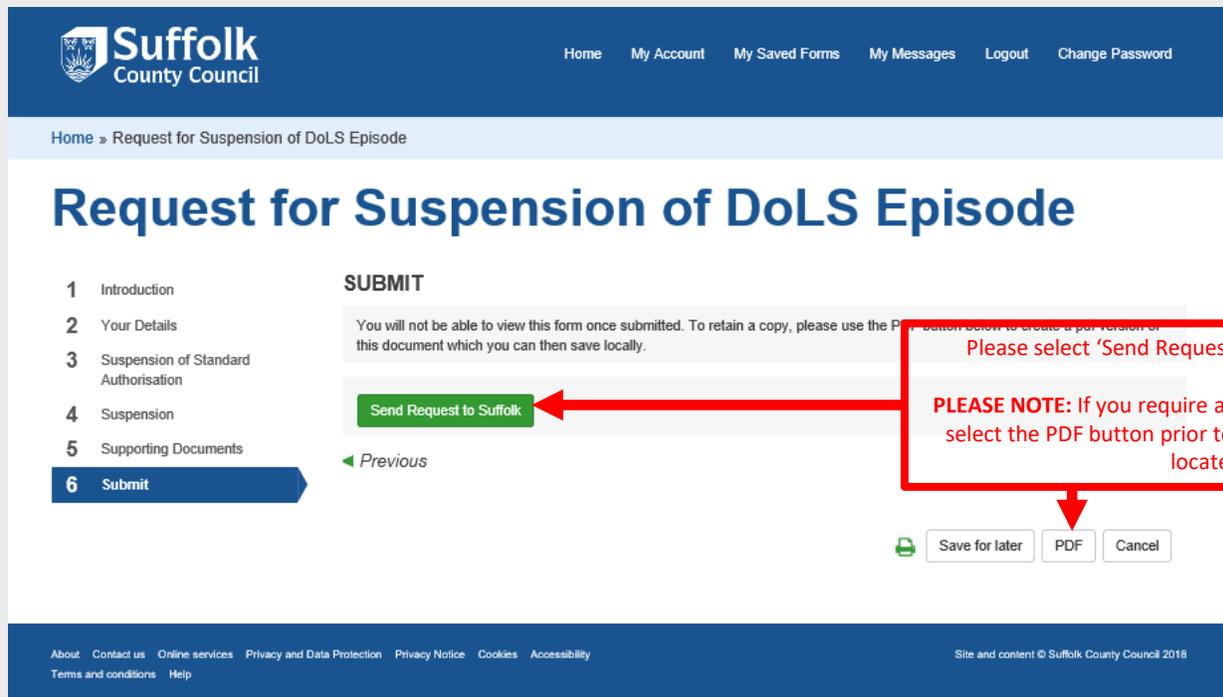
 [Save for later](#) [PDF](#) [Cancel](#)

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Please select 'Upload Document' and locate supporting document from internal filing structure and attach file.
The file name will appear above the 'Upload Document' button

Submit Application Page



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Request for Suspension of DoLS Episode

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- 5 Supporting Documents
- 6 Submit**

SUBMIT

You will not be able to view this form once submitted. To retain a copy, please use the PDF button below to create a pdf version of this document which you can then save locally.

[Send Request to Suffolk](#)

[Previous](#)

[Save for later](#) [PDF](#) [Cancel](#)

PLEASE NOTE: If you require a copy of this form for future reference select the PDF button prior to submission and save a copy to your locate filing system

Please select 'Send Request to Suffolk' to submit the request.

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Completing a FORM 10:
Request for a Further
Standard Authorisation

Initial Request Page

Request for a DoLS Review

1 Introduction

2 Your Details

3 Review

4 Review to Cease a DoLS Authorisation

5 Supporting Documents

6 Submit Request

INTRODUCTION

How does this tool work?

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i.e. if you are a carer, relative, friend or professional

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Print the Form

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Next ►



Save for later

PDF

Cancel

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Last Name *

Date of Birth * 

Gender *

Ethnicity *

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Telephone

NHS Number

Please ONLY select 'Someone else in a professional Capacity'

Address

Postcode or Name

Postcode *

Please enter 'Post Code' & select 'Find Address'
Select the appropriate address from the list provided

For your information we collect this information for statutory returns. There is an option to select if you do not want to disclose this.

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Case ID Number:			
DEPRIVATION OF LIBERTY SAFEGUARDS FORM 10			
REVIEW			
Full name of person being deprived of liberty			
Date of Birth (or estimated age if unknown)		Est. Age	
Name and address of care home or hospital where the person is deprived of liberty			
Name and address of organisation or person requesting the review			
Contact details of organisation or person requesting the review	Name		
	Telephone		
	Email		
Name of the Supervisory Body where this form is being sent			
A REVIEW OF THE CURRENT AUTHORISATION IS REQUESTED ON THE FOLLOWING GROUNDS			
<i>(place a cross in all boxes that apply)</i>			
The person no longer meet the Age, No Refusals, Mental Capacity, Mental Health or Best Interests requirements, or the reason why they meet the requirements has changed		<input type="checkbox"/>	
The conditions attached to the Standard Authorisation need to be varied because there has been a change in the person's circumstances		<input type="checkbox"/>	
Please give details:			

Request for a DoLS Review

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REVIEW

Form Start Date * 

Form End Date * 

Name and address of organisation or person requesting the review

Contact details of organisation or person requesting the review

Name

Telephone

Email

A Review of the current authorisation is requested on the following grounds

- The person no longer meet 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:

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 Save for later

REVIEW TO CEASE A DOLS AUTHORISATION		
The Managing Authority requests a review, because the person is, or is about to be discharged so the Standard Authorisation will no longer be required. This is on the grounds that the person no longer meets the best interest's requirement.		
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 (attached) made on		
It is no longer in their best interest to be accommodated in this care home or hospital because:		
Signed <i>(on behalf of the Managing Authority)</i>	Signature	
	Print Name	
	Date	

The remainder of this form will be completed by the Supervisory Body

Request for a DoLS Review

- 1 Introduction
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It is no longer in their best interest to be accommodated in this care home or hospital because:

Please now sign and date this form

Name

Date 

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 Save for later

Supporting Documentation Page

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 Upload Document

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PLEASE NOTE: If you require a copy of this form for future reference select the PDF button prior to submission and save a copy to your locate filing system

 [Save for later](#) [PDF](#) [Cancel](#)