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| Case ID Number:  |
| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 6****STANDARD AUTHORISATION NOT GRANTED** |
| Full name of the person who has been assessed |  |
| Name and address of the care home or hospital who requested the authorisation |  |
| Name and address of the Supervisory Body |  |
| Person to contact at the Supervisory Body | Name |  |
| Telephone |  |
| Email |  |
| **THE SUPERVISORY BODY’S DECISION** |
| The relevant Managing Authority made a request for a Standard Authorisation which was received on:  Date: Time:The Supervisory Body is prohibited from giving a Standard Authorisation in relation to that request.This is because the person was assessed as not meeting the following qualifying requirement(s) for being deprived of liberty under Schedule A1 to the Mental Capacity Act 2005:**Note:** *there may be no completed assessment of some of the requirements. This is because when a person fails one requirement, a standard authorisation may not be given and all other on-going assessments must stop.***The following requirements are not met:** |
| **REQUIREMENT** | **NOT MET** | **REQUIREMENT** | **NOT MET** |
| Age requirement |  | No Refusals requirement |  |
| Mental Health requirement |  | Eligibility requirement |  |
| Mental Capacity requirement |  | Best Interests requirement |  |
| Not assessed (*State reasons for not assessing in box i.e. deceased, moved, discharged):* |

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| **EVIDENCE OF SUPERVISORY BODY SCRUTINY** |
| *The authoriser should indicate why they concur with the conclusions of the Assessors’ reports and demonstrate overall scrutiny of the process:* |
| **IF THERE APPEARS TO BE AN UNAUTHORISED DEPRIVATION OF LIBERTY** |
| The best interests assessment report included a statement that it appeared to the assessor that this person is, or is likely to be, subject to an unauthorised deprivation of liberty. *The authoriser should now consider whether an Adult Safeguarding referral should be made, if not already made by the Best Interest Assessor and whether an application to the High Court or Court of Protection should be made.* |  |
| Signed *(on behalf of the Supervisory Body)* | Signature |  |
| Print Name |  |
| Date |  |