

Any additional conditions placed by the Supervisory Body authoriser	
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<p><i>The care home or hospital staff must comply with these conditions. (The Supervisory Body should consult the Best Interests Assessor if their recommendations are not being followed and they have indicated in their assessment report that they would like to be consulted again in that event, since some of the other conclusions that they have reached in their assessment may be affected).</i></p>	

The authorisation is granted because the Supervisory Body has received written copies of all required assessments and concludes each qualifying requirement is met for the following reasons.	
AGE REQUIREMENT	
The Supervisory Body has seen evidence to confirm that the person is over 18	
NO REFUSALS REQUIREMENT	
The person has not made an Advance Decision or appointed a Lasting Power of Attorney for Health and Welfare under the MCA 2005 and no Deputy for Health and Welfare has been appointed by the Court of Protection or	
Any Advance Decision the person has made does not prevent them being given the treatment proposed, and any decisions made by a done of a Lasting Power of Attorney or Deputy for Health and Welfare do not conflict with the proposals for their accommodation, treatment or care	
MENTAL HEALTH REQUIREMENT	
The Supervisory Body has seen current evidence that the person is suffering from a mental disorder within the meaning of the Mental Health Act 1983 (disregarding any exclusion for persons with a learning disability) or	
An equivalent Mental Health Assessment is being used, dated	
ELIGIBILITY REQUIREMENT	
The Supervisory Body has seen current evidence that accommodating the person is not ineligible to be deprived of liberty by the MCA 2005 by virtue of falling into one of the Cases A-E set out in paragraph 2 of Schedule 1a to the MCA 2005, or	

An equivalent Eligibility Assessment is being used, dated		
MENTAL CAPACITY REQUIREMENT		
The Supervisory Body has seen current evidence that the person lacks capacity to make their own decision about whether they should be accommodated in the care home or hospital for the purposes of being given care and or treatment. This is because of an impairment or disturbance in the functioning of their mind or brain, or		
An equivalent Mental Capacity Assessment is being used, dated		
BEST INTERESTS REQUIREMENT		
The Supervisory Body has seen current evidence provided by the Best Interest Assessor. This confirms that it is in the person's best interests to be deprived of their liberty and that the deprivation is necessary to prevent harm to the person, and the deprivation is a proportionate response to the likelihood of the person suffering harm and the seriousness of that harm, or		
An equivalent Best Interests Assessment is being used, dated		

EVIDENCE OF SUPERVISORY BODY SCRUTINY		
<i>The authoriser should indicate why they concur with the conclusions of the assessors reports and demonstrate overall scrutiny of the process:</i>		
Signed (<i>on behalf of the Supervisory Body</i>)	Signature	
	Print Name	
	Date	
APPOINTMENT OF A REPRESENTATIVE - 1st copy to be retained by representative		
Details of the person to be appointed		
The Supervisory Body appoints the person named below to represent the relevant person, in so doing it confirms that they meet the eligibility requirements of the Deprivation of Liberty Safeguards provisions of the Mental Capacity Act 2005. This person was identified as representative by:		
The Relevant Person		
The Best Interests Assessor		
The Best Interests Assessor indicated that they were not able to select an eligible person as representative. It is therefore necessary for the Supervisory Body to select a representative for this person.		
Full name of Relevant Person's Representative		

Address	
Telephone	
Email	
Relationship to Relevant Person	
This appointment lasts for the same period as the Standard Authorisation to which it relates.	

APPOINTMENT OF A REPRESENTATIVE 2nd copy – to be returned to Supervisory Body	
Details of the person to be appointed	
The Supervisory Body appoints the person named below to represent the relevant person, in so doing it confirms that they meet the eligibility requirements of the Deprivation of Liberty Safeguards provisions of the Mental Capacity Act 2005. This person was identified as representative by:	
The Relevant Person	
The Best Interests Assessor	
The Best Interests Assessor indicated that they were not able to select an eligible person as representative. It is therefore necessary for the Supervisory Body to select a representative for this person.	
Full name of Relevant Person's Representative	
Address	
Telephone	
Email	
Full name of Relevant Person	
Relationship to Relevant Person	
This appointment lasts for the same period as the Standard Authorisation to which it relates.	
Agreement of the appointed representative:	
I am willing to be appointed as this person's representative under the Deprivation of Liberty Safeguards provisions of the Mental Capacity Act 2005 and I am aware of the functions that I am expected to perform	
Signed	
Date	

Please now return this page <u>only</u> to the Supervisory Body indicated below	
Name and address of the Supervisory Body	

Person to contact at the Supervisory Body	Name	
	Telephone	
	Email	