

CASE  
NUMBER

Mental Capacity Act 2005

DEPRIVATION OF LIBERTY FORM No. 1

## URGENT AUTHORISATION

### PART A — BASIC INFORMATION

Full name of the person being deprived of their liberty	Name	
Their date of birth (or estimated age if unknown)	DOB	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
	Est. age	<input type="text"/> Years
Name and address of the hospital or care home where the person is being deprived of their liberty	Name	
	Address	
Person to contact at the hospital or care home	Name	
	Telephone	
	Email	
Name and address of the managing authority responsible for the hospital or care home (the person registered under Part 2 of the Care Standards Act 2000, or the NHS trust that manages the hospital)	Name	
	Address	
Name of the PCT or local authority to whom this form is being sent ('the supervisory body')	Name	

### PART B — THE MANAGING AUTHORITY'S DECISION

It appears to the managing authority that ALL of the following conditions are met.

**An urgent authorisation may only be given if the person appears to meet ALL of the conditions below (B1–B10). Place a cross in EACH box to confirm that the person appears to meet the particular condition.**

<b>B1</b>	The person is aged 18 or over.	<input type="checkbox"/>
<b>B2</b>	The person is suffering from mental disorder.	<input type="checkbox"/>
<b>B3</b>	The purpose of accommodating the person here is to give them care or treatment.	<input type="checkbox"/>
<b>B4</b>	The person lacks capacity to make their own decision about whether to be accommodated here for the purpose of being given the proposed care or treatment.	<input type="checkbox"/>
<b>B5</b>	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.	<input type="checkbox"/>
<b>B6</b>	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 deputy appointed by the Court of Protection under the Mental Capacity Act 2005.	<input type="checkbox"/>
<b>B7</b>	Even though the circumstances amount to depriving the person of their liberty, it is in their best interests to be accommodated here so that they may be given the proposed care or treatment.	<input type="checkbox"/>
<b>B8</b>	This is necessary in order to prevent harm to them, and is a proportionate response to the harm they are likely to suffer if they are not so deprived of liberty, and the seriousness of that harm.	<input type="checkbox"/>
<b>B9</b>	The need for the person to be deprived of their liberty here is so urgent that it is appropriate for that deprivation to begin immediately.	<input type="checkbox"/>
<b>B10</b>	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 <sup>1</sup> or, if they are, that order or application does not prevent an urgent authorisation being given.	<input type="checkbox"/>

**PART C — DETAILS OF THIS URGENT AUTHORISATION**

This urgent authorisation permits the managing authority to deprive the person of their liberty here, but only for the purpose of enabling them to be given the care or treatment specified below in section C2 of this form.

**C1 THE DURATION OF THIS URGENT AUTHORISATION**

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.

**Enter number of days in the box above** ↑

This urgent authorisation will expire at the end of the day on:

**Enter date in boxes above** ↑

**Important note: the day on which the urgent authorisation is given counts as the first of the days. For example, if an urgent authorisation is given for seven days at 11.30pm on Monday, it will expire at the end of the day on the following Sunday.**

<sup>1</sup> References in this form to provisions of the Mental Health Act 1983 include provisions of other enactments that have the same effect.

## C2 THE PURPOSE OF THIS URGENT AUTHORISATION

The purpose for which this urgent authorisation is given should be described here.

**Note:** there is a legal requirement that the giving of a Mental Capacity Act 2005 deprivation of liberty safeguards authorisation must be for the purpose of giving care or treatment to the person to whom the authorisation relates. The entry below should therefore identify the care and/or treatment that constitutes the purpose for which the authorisation is given. It should be borne in mind, however, that the deprivation of liberty authorisation does not itself authorise the care or treatment concerned, the giving of which is subject to the wider provisions of the Mental Capacity Act 2005.

The purpose of this urgent authorisation is to enable the person to be given the following care and/or treatment in this hospital or care home:

**PART D — THE MANAGING AUTHORITY'S REASONS**

**Explain here:**

- (a) the nature of the restrictions on the person's liberty that lead to the conclusion that they are deprived of their liberty**
- (b) why the care and/or treatment described above cannot be provided in a way that is less restrictive of the person's rights and freedom of action**
- (c) to the extent that the managing authority is aware, what alternatives to deprivation of liberty have been considered**
- (d) what harm the person is likely to come to if they are not immediately deprived of their liberty in this hospital or care home**
- (e) why the need to deprive the person of their liberty is so urgent that it is appropriate for the deprivation to begin immediately.**

The managing authority's reasons for giving an urgent authorisation are as follows:

**PART E — NEED FOR AN INDEPENDENT MENTAL CAPACITY ADVOCATE (IMCA)**

Place a cross in ONE of the boxes below ↓

<b>E1</b>	As far as the managing authority is aware, 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.  We will therefore immediately inform the supervisory body via Form 4 (managing authority request for a standard authorisation) that it needs to instruct an IMCA to assist the person.	<input type="checkbox"/>
<b>E2</b>	The managing authority believes that there is someone it is appropriate to consult about what is in this person's best interests who is neither a professional nor is being paid to provide care or treatment.	<input type="checkbox"/>

**PART F — PROVIDING COPIES OF THIS URGENT AUTHORISATION AND RIGHTS INFORMATION**

As soon as practicable after this form is signed, the managing authority will give copies of it to:

- (a) the person to whom the urgent authorisation relates; and
- (b) any section 39A IMCA acting for them.

The managing authority will also, as soon as possible, take all practicable steps to ensure that the person to whom the urgent authorisation relates understands:

- (a) the effect of the authorisation
- (b) their right to make application to the Court of Protection, challenging the urgent authorisation.

This information will be given both orally and in writing.

**PART G — DETAILS OF THE STANDARD AUTHORISATION REQUESTED**

Place a cross in ONE of the two boxes below ↓

<b>G1</b>	The managing authority has already completed and sent off Form 4 (managing authority request for a standard authorisation).	<input type="checkbox"/>
<b>G2</b>	The managing authority will now immediately complete and send off Form 4 (managing authority request for a standard authorisation).	<input type="checkbox"/>

**If you placed a cross in box G2, you should now also complete and send off Form 4 immediately (managing authority request for a standard authorisation).**

Signed (on behalf of the managing authority)	Signature	
	Print name	
	Position	
Dated	Date	

**PART H — RECORD THAT THE DURATION OF THIS URGENT AUTHORISATION HAS BEEN EXTENDED**

This part of the form must be completed if the duration of the urgent authorisation is extended by the supervisory body. Do not complete this part of the form in any other circumstances. Simply leave it blank.

**H1 DETAILS OF ANY EXTENSION**

The duration of this urgent authorisation has been extended by the supervisory body.

It is now in force for a FURTHER:  DAYS

Enter number of days in the box above ↑

**The period specified must not exceed seven days.**

This urgent authorisation will now expire at the end of the day on:

Enter new date on which it will expire above ↑

**H2 PROVIDING COPIES OF ANY EXTENSION**

As soon as practicable after signing this form below, the managing authority will give copies of this amended form to:

- (a) the person to whom the urgent authorisation relates; and
- (b) any section 39A IMCA acting for them.

Signed (on behalf of the managing authority)	Signature	
	Print name	
	Position	
Dated	Date	