

NHS Number:	LPS Episode Reference ID:	
LIBERTY PROTECTION SAFEGUARDS NECESSARY AND PROPORTIONATE ASSESSMENT		
Full name of the person who may need the protection of the Safeguards		
Date of birth		
Address where the person usually lives		
Address where the proposed arrangements are taking place (if different from above address)		
Name of the Responsible Body		
Name and address of the person completing Assessment and the Determination		
Registered Profession of the assessor		
Please confirm that you (the assessor) have an applied knowledge of the 2005 Act and the code of practice, and are eligible to carry out this assessment by ticking here:		
A summary of the person's relevant background		
Summary of the care/support plan or treatment arrangements to meet the person's needs		

Template 4 – DRAFT

<p>Please identify the arrangements which may give rise to a deprivation of liberty. <i>Please include details as to whether this is a submission for pre-authorisation review of an initial authorisation, or a renewal authorisation.</i></p>		
<p>Address/addresses where the arrangements take place (Location ID is either the CQC Location ID which can be found in the CQC Directory, or the Unique Reference Number (URN) provided by Ofsted or the Department for Education (ask the setting for their URN).</p> <p>If more space is required please continue, at the end of this Template.</p>		
Address where the arrangements take place (1)		<i>Location ID</i>
Address where the arrangements take place (2)		<i>Location ID</i>
Address where the arrangements take place (3)		<i>Location ID</i>
If transport arrangements – please describe		
Were you given a copy of the record of the best interests decision in relation to the care or treatment that may require a deprivation of liberty in order to provide (Please tick)?	YES	NO

Template 4 – DRAFT

If YES please attach a copy		
RECORD OF CONSULTATION (IF CARRIED OUT AS PART OF THIS ASSESSMENT)		
<p>The person <i>(Was the person able to express their wishes and feelings? What did they say? If not, how have they demonstrated their wishes and feelings?)</i></p>		
<p>Anyone named by the person as someone to be consulted about the arrangements of the kind in question <i>(Who was consulted and what did they think the person's wishes and feelings were and other comments)</i></p>		
<p>Anyone engaged in caring for the person or interested in their welfare <i>(Who did you speak to and what did they think the person's wishes and feelings were and other comments)</i></p>		
<p>Any LPA or Personal Welfare Deputy appointed for the person by the Court of Protection <i>(Who did you speak to and what did they think the person's wishes and feelings were and other comments)</i></p>		
<p>Any IMCA appointed <i>(Who did you speak to and what did they think the person's wishes and feelings were and other comments)</i></p>		
<p>Any Appropriate Person <i>(Who did you speak to and what did they think the person's wishes and feelings were and other comments)</i></p>		
SUMMARY OF THE PERSON'S WISHES AND FEELINGS about the arrangements and other matters		
<p><i>Consider the strength of feeling, the likely impact of wishes and feelings being overridden, the extent to which the wishes and feelings could be incorporated, and how you have attempted to accommodate them in your overall conclusion. You should have regard to consultation already carried out and carry out your own if necessary.</i></p>		

NECESSITY			
<p>Are the arrangements which may give rise to a deprivation of liberty necessary to prevent harm to the person? See Code of Practice 16.69 to 16.73</p>			
PROPORTIONALITY			
<p>Are the arrangements which may give rise to a deprivation of liberty a proportionate response to the likelihood and seriousness of that harm. See Code of Practice 16.69 to 16.73</p>			
NECESSARY AND PROPORTIONATE DETERMINATION			
I have considered the evidence above, and:			
In my opinion the arrangements are both necessary to prevent harm to the person and proportionate to the likelihood and seriousness of harm			
In my opinion the arrangements are not necessary and/or are not proportionate to the likelihood and serious of harm			
Please explain the rationale for this opinion			
PLEASE SIGN AND DATE THIS FORM			
Signed		Date	
Print Name		Time	

Please use this space to provide further information, if required.

DRAFT