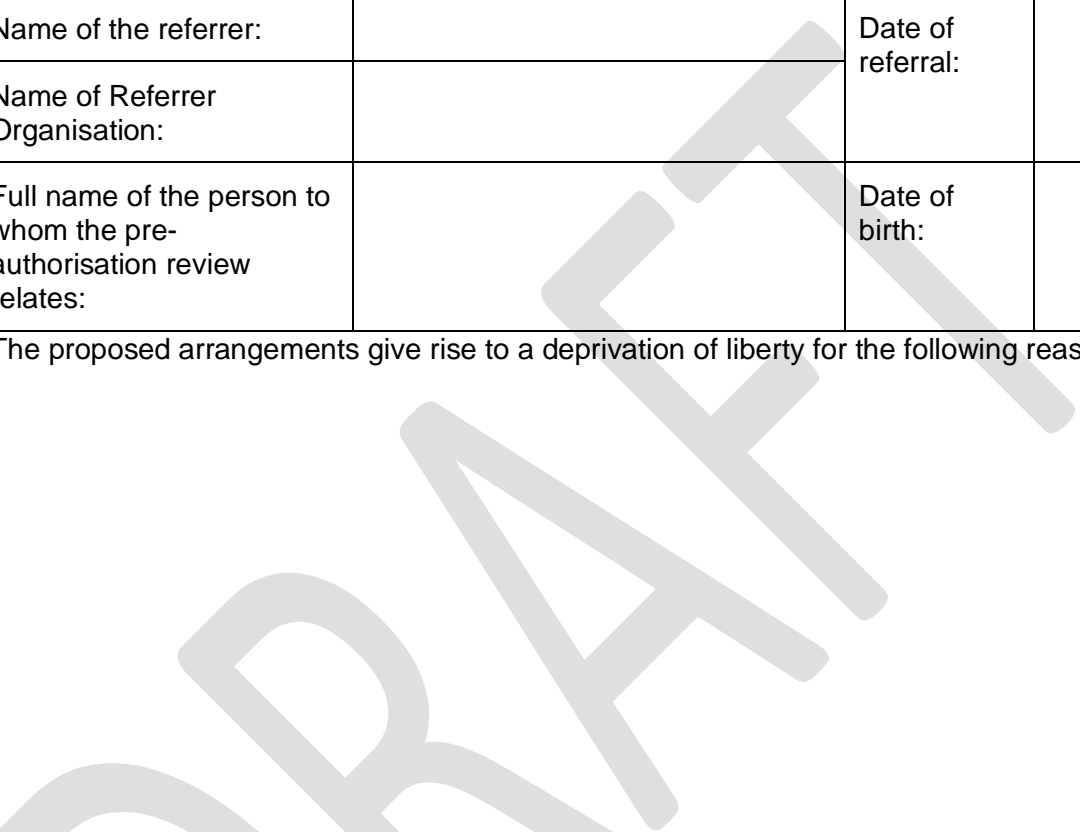


NHS Number:		LPS Episode Reference ID:	
LIBERTY PROTECTION SAFEGUARDS SUBMISSION FOR PRE-AUTHORISATION REVIEW/ RECORD OF PRE-AUTHORISATION REVIEW (PAR) <i>For use in a first request for authorisation</i>			
Name of the referrer:		Date of referral:	
Name of Referrer Organisation:			
Full name of the person to whom the pre-authorisation review relates:		Date of birth:	
The proposed arrangements give rise to a deprivation of liberty for the following reasons			
			
IS THE PERSON SUPPORTED AND REPRESENTED?			
Independent Mental Capacity Advocate	YES	NO	
Appropriate Person	YES	NO	
IS THE PERSON EXCLUDED BY PART 7 OF SCHEDULE AA1 TO THE MENTAL CAPACITY ACT 2005			
In my opinion the person is excluded by Part 7	YES	NO	
If YES , please describe:			

SUMMARY OF THE PERSON’S WISHES AND FEELINGS (where consultation was not carried out by the Necessary & Proportionate assessor)

(This area is currently blank for the summary of wishes and feelings.)

IN YOUR VIEW, IS AN AMCP IS REQUIRED TO DO THE PRE-AUTHORISATION REVIEW?

Is it reasonable to believe that the person does not wish to reside at the place where the arrangements provide for them to reside?	YES	NO
Is it reasonable to believe that the person does not wish to receive care or treatment at that the place the arrangements provide for them to receive care or treatment?	YES	NO
Are the arrangements being carried out mainly in an independent hospital?	YES	NO

If YES to any of the above, please provide more detail:

(This area is currently blank for providing more detail.)

MENTAL CAPACITY ASSESSMENT AND DETERMINATION		
There is an assessment and determination that the person lacks capacity to consent to the arrangements for their care/treatment. This is attached.		
Assessment was completed	By:	Date:
Determination was completed	By:	Date:
MEDICAL ASSESSMENT AND DETERMINATION		
There is an assessment and determination that the person has a mental disorder. This is attached.		
Assessment was completed	By:	Date:
Determination was completed	By:	Date:
NECESSARY AND PROPORTIONATE ASSESSMENT AND DETERMINATION		
There is an assessment and determination that the arrangements in place for the person are necessary to prevent harm and proportionate to the likelihood and seriousness of harm.		
Assessment and determination completed	By:	Date:
PERSON TO CONTACT WITH ANY QUERIES		
Name		
Job role		
Contact details <i>(Email address and phone number)</i>		
TO BE COMPLETED BY THE PRE-AUTHORISATION REVIEWER/AMCP		
PRE-AUTHORISATION REVIEW NOT CONDUCTED BY AN AMCP		
It is reasonable for the Responsible Body to conclude that the authorisation conditions are met	YES	NO

<p><i>If the pre-authorisation reviewer requires further information or action from one or more of the assessors, describe this below and insert the date requested and the date completed.</i></p>		
Signature of Pre-Authorisation Reviewer		
Name		
Position		
PRE-AUTHORISATION REVIEW CONDUCTED BY THE AMCP		
<p>I confirm that the case has been accepted by the AMCP team: (To be completed and signed by the AMCP manager or on their behalf)</p>		
Name of AMCP Manager		
Signature		
To be completed by AMCP who conducted the PAR		
The authorisation conditions are met:	YES	NO
<p><i>If the AMCP requires further information or action from one or more of the assessors, describe this below and insert the date requested and the date completed.</i></p>		

Signature of AMCP	
Print Name	
ADDITIONAL EVIDENCE OR INFORMATION REQUIRED	
<p>If the pre-authorisation reviewer requires more information or requires further actions to be carried out by one or more of the assessors or someone else, to complete the pre-authorisation review, describe this here and complete the date requested and completed below:</p>	
<p style="font-size: 48px; opacity: 0.3; transform: rotate(-30deg);">DRAFT</p>	
Date information or action requested:	
Date the evidence of action or additional information was received (<i>once this is received,</i>	

Template 5 – DRAFT

<i>please continue the pre- authorisation review above)</i>	
Signature of Pre-Authorisation Reviewer	
Name	

DRAFT