

NHS Number:			
LIBERTY PROTECTION SAFEGUARDS			
Notice to Responsible Body that an LPS authorisation may be required			
Full name of person		Date of birth	
The person's usual address and contact details (if known)			
Person's current address if in a temporary arrangement			
Your name			
Your role or relationship to the person named above			
Your contact details	Tel:		
	Email:		
<p>The following arrangements for care or treatment if implemented appear to give rise to a deprivation of liberty for the following reasons <i>(Include as much detail about the arrangements and the locations where they take place as possible. Include arrangements for transport if this information is known)</i></p>			

OTHER USEFUL INFORMATION - Please provide any other useful information		
Signature		
Print name		
Date:		
TO BE COMPLETED BY THE RESPONSIBLE BODY		
Is there currently any reason to believe that the person does not wish to reside in the place or receive care or treatment in the place	YES	NO
If YES, please describe		

REPRESENTATION AND SUPPORT			
<p>Apart from professionals and other people who are engaged in or providing care or treatment in a professional capacity, are you aware of any family, friends or others who might be suitable to be appointed as the Appropriate Person</p>		YES	NO
<p>If YES please provide their name(s) and contact details</p> <p>(You may need to get consent from the person before putting them down to be contacted)</p>			
<p>Is there already an Advocate or Appropriate Person (for example under the Care Act) who might be able to represent and support the person in the Liberty Protection Safeguards process? If so, please provide their name and contact details.</p>			
Sensory Loss		Communication Requirements	