

NHS Number:		LPS Episode Reference ID:	
LIBERTY PROTECTION SAFEGUARDS			
SUBMISSION FOR RENEWAL OF AUTHORISATION/RECORD OF RENEWED AUTHORISATION			
Full name of the person		Date of birth	
If authorised, would this be the first renewal? <i>(Please put a X in the appropriate box)</i>		Yes	No
If No, please provide renewal number:			
<p>The authorisation conditions are met and there is unlikely to be any significant change in the person's condition during the renewal period which would affect whether those conditions are met for the following reasons <i>(Include all aspects of the arrangements in summary including arrangements for transport, to confirm that Schedule AA1 applies)</i></p>			
HOW IS THE PERSON SUPPORTED AND REPRESENTED?			
Independent Mental Capacity Advocate	YES	NO	
Appropriate Person	YES	NO	
No Representation	YES	NO	
If you selected 'YES' for 'No Representation' please say why:			
RECORD OF CONSULTATION REGARDING THE PERSON'S WISHES AND FEELINGS IN RELATION TO THE ARRANGEMENTS and other matters			

Template 7 – DRAFT

<p>The person <i>(Was the person able to express their wishes and feelings, and if so, what did they say? If not, how have they demonstrated their wishes and feelings? If it has not been possible to gauge by expression or behaviour, please record this)</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)</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)</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)</i></p>	
<p>Any IMCA instructed <i>(Who did you speak to and what did they think the person's wishes and feelings were)</i></p>	
<p>Any Appropriate Person <i>(Who did you speak to and what did they think the person's wishes and feelings were)</i></p>	

SUMMARY OF THE PERSON’S WISHES AND FEELINGS		
MENTAL CAPACITY ASSESSMENT AND DETERMINATION		
There is evidence that the person continues to lack capacity to consent to the arrangements. This assessment is attached.		
Was a previous assessment used for this determination?	Yes	No
Was a new assessment carried out?	Yes	No
New Assessment was completed	By:	Date:
New determination was completed	By:	Date:
MEDICAL ASSESSMENT AND DETERMINATION		
There is evidence that the person continues to have a mental disorder. This assessment is attached.		
Was a previous assessment used for this determination?	Yes	No
Was a new assessment carried out?	Yes	No
New Assessment was completed:	By:	Date:

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New Determination was completed:	By:	Date:
NECESSARY AND PROPORTIONATE ASSESSMENT AND DETERMINATION		
There is evidence that the arrangements in place for the person continue to be necessary to prevent harm and proportionate to the likelihood and seriousness of that harm. This is attached.		
Was a previous assessment used for this determination?	Yes	No
Was a new assessment carried out?	Yes	No
New Assessment was completed	By:	Date:
New determination was completed	By:	Date:
SCRUTINY		
I confirm that I have reviewed the person’s situation and the authorisation conditions continue to be met. It is unlikely that there will be any significant change in the person’s condition during the renewal period which would affect whether the conditions are met, and the required consultation has been carried out and recorded above.		
<i>Additional Comments.</i>		
Signature		
Name		
Job Role/Registered Profession		
RENEWAL RECORD (this record is a draft record until signed and dated)		
Full name of the person who needs the protection of the Liberty Protection Safeguards		
Name and address/addresses where the arrangements take place		

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<p><i>(The Location I.D for all settings where authorised arrangements take place must be included. The 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)).</i></p>	
<p>Name and contact details of Appropriate Person</p>	
<p>Name and contact details of IMCA</p>	
<p>Name and address of the Responsible Body</p>	
<p>Person to contact at the Responsible Body</p>	<p>Name</p>
	<p>Telephone</p>
	<p>Email</p>
<p>THE FOLLOWING ARRANGEMENTS ARE AUTHORISED</p>	
<p style="text-align: center; font-size: 48px; opacity: 0.3; transform: rotate(-30deg);">DRAFT</p>	
<p><i>Additional arrangements</i></p>	

THE RESPONSIBLE BODY'S DECISION			
Please provide renewal number:			
This renewal is to come into force on:			
Date:	<input style="width: 300px; height: 25px;" type="text"/>	Time:	<input style="width: 150px; height: 25px;" type="text"/>
This authorisation is to expire at the end of the day on:			
Date:	<input style="width: 350px; height: 25px;" type="text"/>		
REVIEW SCHEDULE			
The authorised arrangements should be in the following way:	Detail out the review programme here – this might be fixed dates or that reviews will take place at certain intervals.		
REPRESENTATION AND SUPPORT			
The Responsible Body is satisfied that the person has ongoing representation and support	Name:		
	Designation (Please put a X):	IMCA	Appropriate Person
AUTHORISATION			
(Note: this signature and date authorises the arrangements on behalf of the Responsible Body. Without a signature and date below, this is still a draft authorisation record)			
Signed		Date	
Print Name		Time	
Job Role or Registered Profession:			