

NHS Number:	LPS Episode Reference ID:
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LIBERTY PROTECTION SAFEGUARDS
AUTHORISATION RECORD
(This record is a draft record until signed and dated)

Full name of the person	
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Address/addresses where the arrangements take place <i>(The Location ID for all settings where authorised arrangements take place must be included - 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>	
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Name and contact details of any Appropriate Person	
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Name and contact details of any IMCA	
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Name and address of the Responsible Body	
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Person to contact at the Responsible Body	Name	
	Telephone	
	Email	

THE FOLLOWING ARRANGEMENTS ARE AUTHORISED

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[Empty box for content]

Additional Arrangements

[Empty box for Additional Arrangements]

THE RESPONSIBLE BODY'S DECISION

This authorisation is to come into force on:

Date:

Time:

This authorisation is to expire at the end of the day on:

Date:

REVIEW SCHEDULE			
The authorised arrangements should be reviewed in the following way	<i>Detail out the review programme here – this might be fixed dates or that reviews will take place at certain intervals.</i>		
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:			