Form 16 – Application for trust panel extension authorisation

*If more space is required additional sheets or information may be attached to this form. Information may also be copied from other sources, such as medical notes, and reference may be made to them without such document’s inclusion.*

*More than one intervention can be applied for in one application. If required more than one form can be used for one application.*

1. **The person’s details (a label can also be affixed here)**

Name:

Address:

Date of Birth:

HSC number (if known):

1. **Person who is making the application**

Name:

Work address:

Phone number:

Job title, team and staff number:

Professional relationship to person:

1. **Person on body in charge of P’s care or treatment (if same as applicant, leave blank)**

Name:

Work address:

Phone number:

Job title, team and staff number:

Professional relationship to person:

1. **Extension(s) being applied for and length of authorisation**

Is the report a first or subsequent extension? **First / Subsequent** (delete as appropriate)

How long is the extension for? (delete as appropriate)

 6 months (maximum for first extension)

 12 months (maximum for subsequent extension)

1. **Details about the deprivation of liberty**

What is the place or places of the deprivation of liberty, including address and which trust it is in?

*A deprivation of liberty authorisation must specify the place of the deprivation. The authorisation can cover deprivation of liberty in more than one place, for example in the place of residence of the person and in the day care centre, or the ordinary place of residence of the person and in a named place of respite.*

1. **Capacity whether to apply to the Review Tribunal**

In your opinion, if the extension was to be authorised, does the person lack (or probably lack) capacity to decide whether an application to the Review Tribunal should be made? **Yes / No** (delete as appropriate)

*A person does not need to have the ability to make an application to the Review Tribunal. The determination of capacity only relates to the decision on whether an application should be made or not.*

*The distinction is important. This assessment relates to the capacity to decide whether an application should be made or not. Even if the person does not have ability to understand what the Tribunal process is or how an application should be made or be able to make an application, the person may still have capacity to decide whether or not an application should be made for an independent check on care arrangements that amount to a deprivation of liberty.*

*If the person is able to understand*

1. *that the care arrangements mean that someone will always be checking on him or her;*
2. *that he or she cannot leave when he or she wishes to leave; and*
3. *that a meeting can take place to decide whether or not that should be allowed*

*then it is likely that the person has the capacity whether to apply to the Review Tribunal.*

*If yes a Form 7 has to be included in the application.*

*If no a Form 7 does not have to be included in the application.*

1. **Annexes that must be attached to the Application**

The annexes form part of the application and must be included (if required).

Annex A – statement of incapacity on **Form 1**.

Annex B – best interests determination statement on **Form 2**.

Annex C – care plan on **Form 4**.

Annex D – medical report on **Form 6**.

Annex E – statement on capacity to apply to the Review Tribunal on **Form 7** (if required).

It is the responsibility of the person making the application to determine if a Form 7 should be included in the application.

Annex F – responsible person statement on **Form 15**.

1. **Declaration**

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| **Declaration**I confirm I am eligible to make this application.To the best of my knowledge all information in this application is correct and all required information is included.Signature:  Date:   |