

CASE  
NUMBER

Mental Capacity Act 2005

DEPRIVATION OF LIBERTY FORM No. 30

## IMCA REFERRAL FORM

### PART A — BASIC INFORMATION

|   |           |  |
|---|-----------|--|
| Full name of the person being deprived of, or being assessed to be deprived of, their liberty   | Name      |  |
| Name and address of the hospital or care home where the person is being deprived of, or being assessed to be deprived of, their liberty | Name      |  |
|   | Address   |  |
| Person to contact at the hospital or care home  | Name      |  |
|   | Telephone |  |
|   | Email     |  |
| Name and address of the managing authority responsible for the hospital or care home  | Name      |  |
|   | Address   |  |
| Name of the supervisory body instructing the IMCA   | Name      |  |
| Contact / person to receive IMCA submissions at the supervisory body  | Name      |  |
|   | Address   |  |
|   | Telephone |  |
|   | Email     |  |
| IMCA service to which this referral is being made   | Name      |  |
|   | Address   |  |

**PART B - TYPE OF IMCA INSTRUCTION**

Note: 39A, 39C and 39D are the relevant sections of the Mental Capacity Act 2005.

Place a cross in ONE box as appropriate ↓

|           |   |                          |
|-----------|---|--------------------------|
| <b>B1</b> | 39 A – an urgent deprivation of liberty authorisation has been given, or a request for a standard deprivation of liberty authorisation has been made, in respect of a person and the managing authority of the relevant hospital or care home is satisfied that there is nobody, other than people engaged in providing care or treatment for the person in a professional capacity or for remuneration, whom it would be appropriate to consult in determining what would be in the person’s best interests. | <input type="checkbox"/> |
| <b>B2</b> | 39 A – a supervisory body has appointed an assessor to determine whether or not there is an unauthorised deprivation of liberty in respect of a person and the managing authority of the relevant hospital or care home is satisfied that there is nobody, other than people engaged in providing care or treatment for the person in a professional capacity or for remuneration, whom it would be appropriate to consult in determining what would be in the person’s best interests.                       | <input type="checkbox"/> |
| <b>B3</b> | 39 C – a person deprived of their liberty is without a relevant person’s representative.  | <input type="checkbox"/> |
| <b>B4</b> | 39 D – a person deprived of their liberty who has an unpaid relevant person’s representative has requested the support of an advocate.  | <input type="checkbox"/> |
| <b>B5</b> | 39D – an unpaid relevant person’s representative of a person deprived of their liberty has requested the support of an advocate.  | <input type="checkbox"/> |
| <b>B6</b> | 39 D – the supervisory body believes that the person deprived of their liberty will benefit from the support of an advocate.  | <input type="checkbox"/> |
| <b>B7</b> | 39 D - the supervisory body believes that the unpaid relevant person’s representative will benefit from the support of an advocate.   | <input type="checkbox"/> |
| <b>B8</b> | 39 D - the supervisory body believes that the person deprived of their liberty and their unpaid relevant person’s representative will both benefit from the support of an advocate.   | <input type="checkbox"/> |

**PART C – IN THE CASE OF A 39C IMCA**

|   |         |  |
|---|---------|--|
| Name of previous relevant person’s representative (where appropriate) | Name    |  |
|   | Address |  |

|  |           |                          |
|--|-----------|--------------------------|
|  | Telephone |                          |
|  | Email     |                          |
| Anticipated duration of 39C IMCA role  |           |                          |
| Name of next relevant person's representative (if known)   | Name      |                          |
|  | Address   |                          |
|  | Telephone |                          |
|  | Email     |                          |
| <b>PART D – CONTACT DETAILS OF ASSESSORS</b>   |           |                          |
| Mental health assessor   | Name      |                          |
|  | Telephone |                          |
|  | Email     |                          |
| Best interests assessor  | Name      |                          |
|  | Telephone |                          |
|  | Email     |                          |
| <b>PART E</b>  |           |                          |
| A 39A IMCA IS ENTITLED TO THE FOLLOWING INFORMATION (where available)  |           |                          |
| <b>Enter cross to confirm that the document is appended</b> ↓  |           |                          |
| Copy of urgent authorisation (Form 1)  |           | <input type="checkbox"/> |
| Record that an urgent authorisation has / has not been extended (Form 1, where applicable)   |           | <input type="checkbox"/> |
| Copy of standard authorisation (Form 12)   |           | <input type="checkbox"/> |
| Notice from the supervisory body that it appears to a best interests assessor that there is an unauthorised deprivation of liberty (Form 16) |           | <input type="checkbox"/> |
| Copy of age assessment (Form 5)  |           | <input type="checkbox"/> |
| Copy of mental health assessment (Form 6)  |           | <input type="checkbox"/> |
| Copy of mental capacity assessment (Form 7)  |           | <input type="checkbox"/> |

|   |                          |
|---|--------------------------|
| Copy of no refusals assessment (Form 8) | <input type="checkbox"/> |
|---|--------------------------|

|   |                          |
|---|--------------------------|
| Copy of eligibility assessment (Form 9) | <input type="checkbox"/> |
|---|--------------------------|

|   |                          |
|---|--------------------------|
| Copy of best interests assessment (Form 10) | <input type="checkbox"/> |
|---|--------------------------|

**PART F**

INFORMATION THAT MAY BE HELPFUL TO 39C AND 39D IMCAS

A supervisory body should consider attaching the following documents if it believes they will assist the work of a 39C or 39D IMCA

**Enter cross to confirm that the document is appended** ↓

|  |                          |
|--|--------------------------|
| Copy of standard authorisation (Form 12) | <input type="checkbox"/> |
|--|--------------------------|

|                                 |                          |
|---------------------------------|--------------------------|
| Copy of age assessment (Form 5) | <input type="checkbox"/> |
|---------------------------------|--------------------------|

|   |                          |
|---|--------------------------|
| Copy of mental health assessment (Form 6) | <input type="checkbox"/> |
|---|--------------------------|

|   |                          |
|---|--------------------------|
| Copy of mental capacity assessment (Form 7) | <input type="checkbox"/> |
|---|--------------------------|

|   |                          |
|---|--------------------------|
| Copy of no refusals assessment (Form 8) | <input type="checkbox"/> |
|---|--------------------------|

|   |                          |
|---|--------------------------|
| Copy of eligibility assessment (Form 9) | <input type="checkbox"/> |
|---|--------------------------|

|   |                          |
|---|--------------------------|
| Copy of best interests assessment (Form 10) | <input type="checkbox"/> |
|---|--------------------------|

**PART G**

OTHER INFORMATION THAT MAY BE HELPFUL TO IMCAS

Also appended to this referral request are the following (where available) because the supervisory body considers they will assist the work of a 39A, 39C or 39D IMCA

**Enter cross to confirm that the document is appended** ↓

|                            |                          |
|----------------------------|--------------------------|
| Copy of relevant care plan | <input type="checkbox"/> |
|----------------------------|--------------------------|

|   |  |
|---|--|
| Copy of other relevant document(s)<br><b>PLEASE SPECIFY</b> |  |
|---|--|

|   |            |  |
|---|------------|--|
| Signed<br><br>(on behalf of the supervisory body) | Signature  |  |
|   | Print name |  |
|   | Position   |  |

|       |      |  |
|-------|------|--|
| Dated | Date |  |
|-------|------|--|