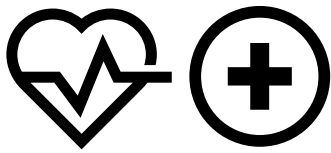




Deputy report form



Health and welfare decisions

How to complete this form

PLEASE WRITE IN CAPITAL LETTERS USING A BLACK PEN

Mark your choice with an X

If you make a mistake, fill in the box completely and then mark the correct choice with an X

If a question does not apply to you, leave it blank and go to the next question

Cymraeg: this form is also available in Welsh. Email customerservices@publicguardian.gsi.gov.uk



How to fill in this form

Make sure you've got:

- any records about the client's health and welfare
- your record of any decisions you've made for the client
- your record of anyone you've contacted for the client

More than one deputy?

You only need to fill in one copy of this form. This applies if you make decisions together (called 'jointly') or separately and together (called 'jointly and severally'). However, you should consult the other deputies and make sure they see a copy of your report before you send it to OPG.

More information

Make sure you answer the questions in this form as fully as possible. We may still need to contact you for more information – by telephone, email, in writing or by arranging a visit.

Your privacy

We will treat any information you give us in line with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. This means we won't give it to anyone else unless we have a safeguarding concern or we have to apply to the Court of Protection, when it would be available to anyone involved in the court proceedings. Find out more: go to GOV.UK and search for "OPG privacy".

Need help?

Call us on 0115 934 2788

'You' and the 'client'

Where you see the word 'you' in this form, it means the deputy who is filling in the deputy report form. Where you see the word 'client', it means the person you were appointed to help make decisions.

**Get started on the
next page...**





Has the client's mental capacity to make health and welfare decisions:

changed stayed the same

If the client's mental capacity to make health and welfare decisions has changed, tell us more here.

When was the client's mental capacity to make decisions last assessed by a professional (such as a psychiatrist or social worker)?

Month

Year

Significant decisions

List the decisions you made, such as about changes to the client's living arrangements, medical treatment or diet. Tell us how you involved the client in those decisions. If you couldn't, tell us why under 'client involvement'.

Deputy decisions

Client involvement

Need more space? Use the extra sheet supplied with this form.

Check this box if you did not make any significant decisions, and tell us why.



Section 3

People you consulted

Helpline
0115 934 2788



Give details of people who helped you make significant decisions as a deputy, such as a GP, care worker, social services or the client's family members.

For example: "John Smith", "Care manager", "To provide updates on the client's wellbeing"

Full name <input type="text"/>	Relationship to the client <input type="text"/>
Address <input type="text"/> <input type="text"/> <input type="text"/>	Why did you consult them? <input type="text"/>
Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Full name <input type="text"/>	Relationship to the client <input type="text"/>
Address <input type="text"/> <input type="text"/> <input type="text"/>	Why did you consult them? <input type="text"/>
Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Full name <input type="text"/>	Relationship to the client <input type="text"/>
Address <input type="text"/> <input type="text"/> <input type="text"/>	Why did you consult them? <input type="text"/>
Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Check this box if you did not consult anyone, and tell us why.

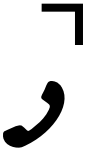
Need to add more people? Use the extra sheet supplied with this form.



Section 4

Contact with the client

Helpline
0115 934 2788



Tell us about how you keep in touch with the client and how often you and other people visit. We want to know if there are other people who would tell you if the client's needs were not being met.

Do you live with the client?

Yes No

If No, how often do you or other deputies contact the client?

	Visits	Phone and video calls	Letters and emails
Every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least once a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than twice a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than once a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often does the client see other people?

Think about people (other than those who live or work where the client lives) who would tell you if they had a concern about the client.

Every day At least once a month Once a year
 At least once a week More than twice a year Less than once a year

Is there anything else you want to tell us about the client's contact with other people? (optional)



Section 5

Client's health and welfare

Helpline
0115 934 2788



Tell us about the client's care arrangements, health and leisure or social activities. We want to understand the client's current circumstances.

Care arrangements

Does the client get care that is paid for?

This includes private residential care or home visits from a care worker – but not help from unpaid carers such as family and friends.

Yes No

If Yes, how is the care funded?

- Client pays for all their own care
- Client gets some financial help (for example, from the local authority, the council or the NHS)
- All care is paid for by someone else (for example, by the local authority, the council or the NHS)

Who is doing the caring?

For example, local authority or private residential care, live-in or visiting care workers

If there is a care plan, when was it last reviewed?

Month Year

There is no care plan



Section 5 – client’s health and welfare – continued

Describe the client’s health and provide details of any care appointments you or the client attended.

Tell us about any health issues or incidents during the reporting period. Give details of any significant meetings with health or care professionals. We don’t need details about routine weekly appointments.

Need more space? Use the extra sheet supplied with this form.

Does the client take part in any leisure or social activities?

Yes

No

Tell us about the different types of activities the client takes part in and how often. If they don’t take part in any, tell us why.



Section 6

Concerns and changes

Helpline
0115 934 2788



Do you have any concerns about your health and welfare deputyship?

For example, people not recognising or understanding your court order, not being involved in making decisions stated on your court order on behalf of the client, any complaints about the client's care or treatment

Yes (tell us more) No

Tell us about anything you think might change in the client's circumstances in the next 12 months.

For example, changes to the client's accommodation or funding, future appointments that affect the client's welfare, carrying out an assessment of the client's care needs



Section 7

Any other information

Helpline
0115 934 2788



Is there anything else you want to tell us about?

Tell us anything about your deputyship that hasn't been covered in this report (optional).

Other addresses

If you ticked the box in section 1, give addresses here.

Address

Postcode

--	--	--	--	--	--	--	--

Type of accommodation

Address

Postcode

--	--	--	--	--	--	--	--

Type of accommodation



Section 8

Deputy's declaration

Helpline
0115 934 2788



I confirm that the information I have given in this report is true and correct to the best of my knowledge and belief. I understand I have obligations to the Court of Protection and the Office of the Public Guardian and that if I knowingly provide false or misleading information there may be legal consequences.

I am signing this report on behalf of myself and each of the deputies named in the court order (unless I have stated otherwise and provided reasons).

I confirm that I have had regard to the Mental Capacity Act 2005, its Code of Practice and the court order in this case. I understand the duties and obligations placed on me.

Deputy's signature

Date

Day

Month

Year

Check this box if you are not signing on behalf of all deputies (if there is more than one deputy).

Tell us why.

Send to:

**Office of the Public Guardian
PO Box 16185
Birmingham B2 2WH**



Extra sheets

If you need to, you can make extra photocopies of these sheets to send with your report.

Extra sheets available:

- Section 2 – Decisions made over the reporting period
- Section 3 – People you consulted
- Section 5 – Client’s health and welfare

Decisions made over the reporting period

Significant decisions

Deputy decisions

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Client involvement

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Section 3 – extra sheet

People you consulted

Full name

Address

Postcode

Relationship to the client

Why did you consult them?

Full name

Address

Postcode

Relationship to the client

Why did you consult them?

Full name

Address

Postcode

Relationship to the client

Why did you consult them?

Full name

Address

Postcode

Relationship to the client

Why did you consult them?



Client's health and welfare

Describe the client's health and provide details of any care appointments you or the client attended.

