

Statutory notification

Regulation 18(2), Care Quality Commission (Registration) Regulations 2009

Notification about an application to deprive
a person of their liberty

Notification reference:

**Statutory notification about an application
to deprive a person of their liberty**

Care Quality Commission (Registration) Regulations 2009, Regulation 18(2)

Please read our 'Notifications required by the Health and Social Care Act 2008: Guidance for NHS providers' and our 'Guidance about compliance: Essential standards of quality and safety' for detailed advice on how and when to make statutory notifications. This guidance is available at www.cqc.org.uk.

You must provide information in the mandatory sections (marked*). Please also provide all other requested information. Please enter dates in the format dd/mm/yyyy.

1. The service*

Service provider:			
Regulated activity:			
Location:			
Location reference number:			
Form filled in by:		Date:	

2. The person*

Unique identifier	Date began to use service	Their age range	Age ranges:
			18–24, 25–34, 35–44 45–54, 55–64, 65–74, 75–84, 85+

3. The application*

The application was made to:

The Court of Protection	<input type="checkbox"/>	
A supervisory body	<input type="checkbox"/>	
The application was made on (date)		

4. If made to a supervisory body

Supervisory body's name:	
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5. Repeat/follow-on applications

Was this a repeat/follow-on application?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
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6. Reason for the application and any other additional relevant information

Continue on additional numbered sheets if necessary (box will expand if used on a computer)

7. Additional information about the person

Funding (this item for non-NHS services only)

Self funded	<input type="checkbox"/>	PCT (whole or part)	<input type="checkbox"/>	Local Authority (whole or part)	<input type="checkbox"/>
Name of PCT / LA					

Gender

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Not specified	<input type="checkbox"/>		

Ethnicity

White			
British	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Other	<input type="checkbox"/>		

Mixed			
White / Black Caribbean	<input type="checkbox"/>	White / Black African	<input type="checkbox"/>
White / Asian	<input type="checkbox"/>	Other mixed background	<input type="checkbox"/>

Asian			
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>

Black or Black British			
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>
Other	<input type="checkbox"/>		

Chinese	<input type="checkbox"/>
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Other			
Other	<input type="checkbox"/>	Unknown	<input type="checkbox"/>

Disability

Physical	<input type="checkbox"/>	Learning	<input type="checkbox"/>
Sensory	<input type="checkbox"/>		

Mental Health difficulties

Please tick/check here if the person has mental health difficulties	<input type="checkbox"/>
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Religion / Belief

Baha'i	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Jain	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	None	<input type="checkbox"/>
Pagan	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Zoroastrian	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Other			

Sexual identity

Heterosexual / Straight	<input type="checkbox"/>	Gay or Lesbian	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	Other	<input type="checkbox"/>
Unknown	<input type="checkbox"/>		