Notification about the outcome of an application to deprive a person of their liberty

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

**Use this form:**

* as soon as you know the outcome of an application to deprive a person of their liberty
* to tell us about the outcome of the application to deprive a person of their liberty
* to tell us about the outcome of any application made to the Court of Protection. Do this even where you have not made the application yourself. For example, the local authority may have applied to the court
* to tell us if an application is withdrawn

**Do not tell us you are making an application. Only tell us about outcomes or withdrawn applications.**

## Completing this form

You must provide an answer to every field marked with an asterisk (\*). Other fields are optional but if you have the information please provide it. We will reject an incomplete notification and return it to you.

If you use a computer you can move from answer to answer using your ‘tab’, down arrow, and page down keys. You can also click from answer to answer using a mouse. You can put an ‘X’ in checkboxes using your space bar or mouse when the box is highlighted. You can go backwards to change your answers using your page up key, up arrow key, or mouse.

You can complete this form on a computer using 'Microsoft Word' or 'Open Office'. Open Office is a free programme you can download from [www.openoffice.org](http://www.openoffice.org). The spaces for answers will expand while you type if needed.

## Data protection

Do not include the name of any person in the form, other than the name of the person completing and submitting the form.

Information on how CQC processes and protects personal information, and on the rights of data subjects, are published on our website at <http://www.cqc.org.uk/about-us/our-policies/privacy-statement>

## Submitting the form

Return the completed form to: [HSCA\_notifications@cqc.org.uk](mailto:HSCA_notifications@cqc.org.uk)

|  |  |
| --- | --- |
| Your notification reference | Click or tap here to enter text. |

This is your organisation’s choice of unique reference for this notification. We will use it if we need to ask you for more information.

## Section 1: The application

Do not tell us you are making an application.

**Only tell us about outcomes or withdrawn applications.**

### About the application

|  |  |
| --- | --- |
| \*Application made to | The Court of Protection  A supervisory body |
| If supervisory body, which? | Click or tap here to enter text. |

|  |  |
| --- | --- |
| \*Date application made | Click or tap to enter a date. |
| \*Was this a repeat or follow-on application? | Yes  No |

### Outcome of the application

|  |
| --- |
| \*What was the outcome of the application? |
| Authorised  Not authorised  Withdrawn  Outcome not yet known - **do not complete this form** |

If you do not know the outcome of the application, **do not complete this form.**

**When you know the outcome of the application, proceed to Section 2.**

## Section 2: Provider and location

### 2.1 Provider details

|  |  |
| --- | --- |
| \*CQC provider ID | Click or tap here to enter text. |
| \*Name of provider | Click or tap here to enter text. |

### 2.2 Location details

|  |  |
| --- | --- |
| \*CQC location ID | Click or tap here to enter text. |
| \*Name of the location | Click or tap here to enter text. |
| \*Location address line 1 | Click or tap here to enter text. |
| Location address line 2 | Click or tap here to enter text. |
| \*Town/city | Click or tap here to enter text. |
| County | Click or tap here to enter text. |
| \*Postcode | Click or tap here to enter text. |
| \*Regulated activities | Click or tap here to enter text. |

### 2.3 Person completing this form

|  |  |
| --- | --- |
| \*Full name | Click or tap here to enter text. |
| \*Job title | Click or tap here to enter text. |
| \*Date submitted | Click or tap to enter a date. |
| Email address | Click or tap here to enter text. |
| \*Telephone number | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Alternative contact name | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Telephone number | Click or tap here to enter text. |

## Section 3: The person

|  |  |
| --- | --- |
| \*Unique identifier | Click or tap here to enter text. |
| \*Date began to use service | Click or tap to enter a date. |

|  |  |
| --- | --- |
| \*Month of birth (mm) | Choose an item. |
| \*Year of birth (yyyy) | Click or tap here to enter text. |

You should use the information that the person or their representative has given you to complete this part of the form. If you do not have this information, select ‘Not known’.

|  |  |
| --- | --- |
| Gender at time of this notification | Female  Male  Other  Not known |
| If other, provide further information | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Does the person identify as transgender at the time of this notification? | Yes  No  Not known/person does not wish to disclose |

|  |  |
| --- | --- |
| Sexual orientation | Bisexual  Gay or lesbian  Heterosexual/straight  Other  Not known |
| If other, provide further information | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Religion or belief | Atheist or no religion  Buddhist  Christian (including Church of England, Catholic, Protestant and all other Christian denominations)  Hindu  Jewish  Muslim  Sikh  Any other religion  Not known |
| If other, provide further information | Click or tap here to enter text. |

### Ethnic group

|  |  |
| --- | --- |
| Asian or Asian British | Bangladeshi  Chinese  Indian  Pakistani  Any other Asian background, describe |
| Black, Black British, Caribbean or African | African background, describe  Caribbean  Any other Black, Black British or Caribbean background, describe |
| Mixed or multiple ethnic groups | White and Asian  White and Black African  White and Black Caribbean  Any other mixed or multiple background, describe |
| White | British - English, Welsh, Scottish or Northern Irish  Irish  Gypsy or Irish Traveller  Roma  Any other white background, describe |
| Other ethnic group | Arab  Any other ethnic group, describe |
| For any other ethnic group, provide further information | Click or tap here to enter text. |
| Or, if the person’s ethnic group is not known: | Not known |

### Disability, impairment or long-term health condition

Does the person have any of the following impairments, disabilities or long-term health conditions?

|  |  |
| --- | --- |
| Sight impairment (blindness or partial sight) | Yes  No  Not known |
| Hearing impairment (deafness or partial hearing) | Yes  No  Not known |
| Speech impairment | Yes  No  Not known |
| Mobility or gross motor skills impairment (such as using large muscles of body in legs, torso or arms, for activities such as walking or sitting).  This can include balance, strength or coordination. | Yes  No  Not known |
| Manual dexterity impairment (fine motor skills - such as holding cutlery or using a keyboard) | Yes  No  Not known |
| Learning disability (such as ability to concentrate, learn or understand) | Yes  No  Not known |
| Autistic spectrum conditions | Yes  No  Not known |
| Other neurodiverse impairment (such as ADHD, dyspraxia or dyslexia) | Yes  No  Not known |
| Memory loss (for example people with dementia)  If memory issues are associated with a learning disability, select ‘Learning disability’ instead. | Yes  No  Not known |
| Mental ill health | Yes  No  Not known |
| Stamina problems, breathing impairment or fatigue | Yes  No  Not known |
| Progressive and long-term health conditions (such as HIV, cancer, multiple sclerosis, epilepsy) | Yes  No  Not known |
| Other impairment, disability or long-term health condition | Yes  No  Not known |

If ‘other impairment, disability or long-term health condition’, provide further information

|  |
| --- |
| Click or tap here to enter text. |

### Funding (non NHS services only)

|  |  |
| --- | --- |
| How is the person’s care funded? (non NHS services only) | Self funded  CCG (whole or part)  Local authority (whole or part) |
| Name of CCG or LA (if funding the care in whole or part) | Click or tap here to enter text. |

## Section 4: Reason and outcome

Tell us why the application was made.

If the application was authorised, describe:

* any conditions attached
* how you are meeting those conditions.

If the application was not authorised, give details of the court’s order.

If you withdrew the application, explain why.

|  |
| --- |
| Click or tap here to enter text. |

## Send us the form

Return your completed form to: [HSCA\_notifications@cqc.org.uk](mailto:HSCA_notifications@cqc.org.uk)