Name of Scrutineer: Name of BIA: Name of Client/File No:

Date Allocated: Date Received:



Form 3 Age, No refusals, Best Interest, and Selection of RPR

Demographic

_	Has the person's Age / Date of Birth been identified?	Yes / No	
Comment			
2	Has the person name and address been clearly and consistently	Yes / No	
_		103 / 140	
	recorded throughout the assessment?		
Comme	nt		
3	Has a supervisory body been identified?	Yes / No	
Comme	nt		
4	Has a care co-ordinator been identified?	Yes / No	
4 Commo	Has a care co-ordinator been identified?	Yes / No	
4 Comme		Yes / No	
		Yes / No	
Comme	nt		
	Have the person's communication and medical needs been clearly	Yes / No	
Comme	Have the person's communication and medical needs been clearly documented?		
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6	How many people have been consulted?			
Comme	7			
Catego			Tick Option	
	Family Member	Yes	No	
	Member of M.A. (Carer / Nurse etc)	Yes	No	
	Other relevant Professional (CPN / DN / S/W)	Yes	No	
Comme	Other Specify	Yes	No	
Commi	:HC			
Details	of who has not been consulted and Why?			
Comme	ent			
7	Have addresses and contact details been appropriately recorded?	Ye	es / No	
Comme	ent entered			
0	In the one of the of the company to the theory of the company to the other of the company to the	V.	/ NI	
8 Comme	Is there a list of documents that have been consulted?	Y	es / No	
No Ref	usals Assessment			
9	Is there an LPA for Health and Welfare?	Y	es / No	
Comme				
10	Is there a clear description of whether the Request for a Standard	Y	es / No	
	Authorisation would or would not conflict?			
Comme	ent			
11	Matter taken into account completed?	V	es / No	
Comme		•	23 / 110	
	·			
	·			
40	·			
12	·	Ye	es / No	
	Is there a comprehensive description of the background of the case?	Yo	es / No	
Comme	Is there a comprehensive description of the background of the case?	Yo	es / No	
Comme	Is there a comprehensive description of the background of the case?			
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Comme	Is there a comprehensive description of the background of the case? ent Has the views of the RP been clearly documented?			

Tomment 15	14	Have views of others been documented?	Yes / No			
Deprivation of Liberty 16 Was RP deprived of their liberty? Yes / No Comment 17 Was the acid test applied? Yes / No Comment 18 Is there a full description of the restriction that amount to a DoLs (Guzzardi)? Comment 19 Clear description of why the DoLs was imputable to the state and which SB? Comment 20 Is there a comprehensive description of why the DoLs is necessary (i.e. what harm might become the RP? Comment 21 Has a list of least restrictive options been considered? Yes / No Comment How Many / No: Detail Tick Option	Comme	Comment				
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Hospital Own Home Other Specify Hospital Yes No Yes No No	Detail	a Cara Hama	1	T T		
 Own Home Other Specify Yes No Yes No 						
Other Specify Yes No			-			
			<u> </u>			
Comment	Commo		162	INO		
	Comme	ant and a second and				

22 Comme	nich Option Chosen				
Comme	te Which Option Chosen 2 Clear description / rationale as to why? Yes				
23	Best interest requirements met?	Yes / No			
Comme	nt				
24	Time Period				
	State Maximum period recommended	Vac / Na			
<u> </u>	Does the reason correspond?	Yes / No			
Comme	nt				
25	Are conditions recommended?	Yes / No			
Comme	nt How Many:				
26	Are any recommendations made?	Yes / No			
	nt How Many:	1007110			
27	Has an RPR been selected	Yes / No			
28	By Who? Please State:	-			
Comme	nt				
20	Who has been selected? Please State:				
		29 Who has been selected? Please State:			
Comment					
Commi					
Comme					
30	Is there a rationale for them being selected?	Yes / No			
		Yes / No			
30		Yes / No			
30 Comme	nt				
30 Comme	If family member? Have they been consulted check views of others?	Yes / No Yes / No			
30 Comme	If family member? Have they been consulted check views of others?				
30 Comme	If family member? Have they been consulted check views of others?				

32	Do contact detai	ls correlate?		Yes / No	
Comme	Comment				
33	Date Signed:				
34	Date SA recomm	ended to commence:			
OK to A	uthorise?			Yes / No	
If No, W	/hy?				
ĺ	,				
Genera	Comments:				
			Action Taken/Issue Resolve	ed (Yes/No)	
1					
2					
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Name o	f Scrutineer:				
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Data Sa	rutinised:				
Date Sc	ruunisea:				