

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

| | | |
|----------|--|-----------------|
| 1 | Has the person's Age / Date of Birth been identified? | Yes / No |
| Comment | | |
| 2 | Has the person name and address been clearly and consistently recorded throughout the assessment? | Yes / No |
| Comment | | |
| 3 | Has a supervisory body been identified? | Yes / No |
| Comment | | |
| 4 | Has a care co-ordinator been identified? | Yes / No |
| Comment | | |
| 5 | Have the person's communication and medical needs been clearly documented? | Yes / No |
| Comment | | |

| Views of RP and Others | | | |
|---|--|-----------------|--------------------|
| 6 | How many people have been consulted? | | |
| Comment | | | |
| Category: | | | Tick Option |
| | • Family Member | Yes | No |
| | • Member of M.A. (Carer / Nurse etc) | Yes | No |
| | • Other relevant Professional (CPN / DN / S/W) | Yes | No |
| | • Other Specify | Yes | No |
| Comment | | | |
| Details of who has not been consulted and Why? | | | |
| Comment | | | |
| 7 | Have addresses and contact details been appropriately recorded? | Yes / No | |
| Comment | | | |
| 8 | Is there a list of documents that have been consulted? | Yes / No | |
| Comment | | | |
| No Refusals Assessment | | | |
| 9 | Is there an LPA for Health and Welfare? | Yes / No | |
| Comment | | | |
| 10 | Is there a clear description of whether the Request for a Standard Authorisation would or would not conflict? | Yes / No | |
| Comment | | | |
| 11 | Matter taken into account completed? | Yes / No | |
| Comment | | | |
| 12 | Is there a comprehensive description of the background of the case? | Yes / No | |
| Comment | | | |
| 13 | Has the views of the RP been clearly documented? | Yes / No | |
| Comment: Make a note if the RP is objecting | | | |

| | | | |
|-------------------------------|--|-----------------|--------------------|
| 14 | Have views of others been documented? | Yes / No | |
| Comment | | | |
| 15 | Does this correlate with Q 6? | Yes / No | |
| Comment | | | |
| 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)? | Yes / No | |
| Comment | | | |
| 19 | Clear description of why the DoLs was imputable to the state and which SB? | Yes / No | |
| Comment | | | |
| 20 | Is there a comprehensive description of why the DoLs is necessary (i.e. what harm might become the RP?) | Yes / No | |
| Comment | | | |
| 21 | Has a list of least restrictive options been considered? | Yes / No | |
| Comment | | | |
| How Many / No: | | | |
| Detail | | | Tick Option |
| | • Care Home | Yes | No |
| | • Hospital | Yes | No |
| | • Own Home | Yes | No |
| | • Other Specify | Yes | No |
| Comment | | | |

| State Which Option Chosen | | |
|---------------------------|---|----------|
| 22 | Clear description / rationale as to why? | Yes / No |
| Comment | | |
| 23 | Best interest requirements met? | Yes / No |
| Comment | | |
| 24 | Time Period | |
| | • State Maximum period recommended | |
| | • Does the reason correspond? | Yes / No |
| Comment | | |
| 25 | Are conditions recommended? | Yes / No |
| Comment How Many: | | |
| 26 | Are any recommendations made? | Yes / No |
| Comment How Many: | | |
| 27 | Has an RPR been selected | Yes / No |
| 28 | By Who? Please State: | |
| Comment | | |
| 29 | Who has been selected? Please State: | |
| Comment | | |
| 30 | Is there a rationale for them being selected? | Yes / No |
| Comment | | |
| 31 | If family member? Have they been consulted check views of others? | Yes / No |
| Comment | | |

| | | |
|---------------------------------|---|--------------------------------------|
| 32 | Do contact details correlate? | Yes / No |
| Comment | | |
| 33 | Date Signed: | |
| 34 | Date SA recommended to commence: | |
| OK to Authorise? | | Yes / No |
| If No, Why? | | |
| General Comments: | | |
| 1 | | Action Taken/Issue Resolved (Yes/No) |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| Name of Scrutineer: | | |
| Signature of Scrutineer: | | |
| Date Scrutinised: | | |