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:

Action Taken/Issue Resolved (Yes/No)

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Name of Scrutineer:	
Signature of Scrutineer:	
Date Scrutinised:	