



Dorset Advocacy
January 2016 – December 2018

Dorset Advocacy

Paid Representative Under Deprivation of Liberty Safeguards (DOLS) Report Form

Name of Person Supported:

Date of birth:

Name of Paid Representative:

Date of visit:

Supervisory Body:

Date of DOLS expiry:

Funder:

CHC:

Local Authority:

Self-Funding:

Reason for report: First report following visit

Update

Report to Court of Protection

Final report

1. Actions taken by Paid Rep and dates:

2. Persons views/wishes:

3. Main findings/significant changes:

4. Are conditions being met? Yes/No

If no, which conditions are not being met and why?

5. Actions:

Care Act referral

IMCA referral

Allocation of social worker

Request review of DOLS/capacity

Financial deputyship

Referral to Court of Protection

Other (give reason below)

Reason:

**Paid Representative contact details: Dorset Advocacy
13-15 Jubilee Court
Paceycombe Way
Dorchester
DT1 3AE**

Tel: 01305 251033

Mobile:

Email:

Paid Representative:

Signature:

Name:

Date: