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| **Telford & Wrekin Council****Sarah DillonAssistant Director:Adult Social CareAddenbrooke House (3rd Floor)Ironmasters WayTelfordTF3 4NTwww.telford.gov.uk/mylife**  |

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| **Mental Capacity Assessment** |

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| **Details** |
| Title |  |
| Surname |  |
| Forename |  |
| Preferred Name |   |
| Gender |  |

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| **Dates** |
| Actual DOB |  |
| Age |  |

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| --- |
| **Key Identifiers** |
| Person ID |  |

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| --- |
| **Address** |
| Primary Address |  |

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| **Contact Methods** |
| Home |  |

**Assessment Delegation Details**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| List of contributors involved in completing this Assessment (Past & Present):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contributor | Date Assigned | Due Date | Date Completed | Status | Department |
| Active |
| [Mrs Ruth Green](http://corp-app-179.btw.gov.uk:10020/web/view.htm?id=8508787481969e8bE302223&cls=com.liquidlogic.web.WebUser) |  |   |   | Active | All Departments |

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| **Mental Capacity Assessment Decision** |

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| Actual Assessment Start Date |   |

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| --- | --- |
| Time of Assessment |   |

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| Actual Assessment End Date |   |

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| What is the decision to be made? |   |

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| Where did the assessment take place? |   |

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| Who was present at the assessment? |   |

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| The following practicable steps have been taken to enable and support the person to participate in the decision making process. |   |
| **Mental Capacity Assessment Stage 1** |

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| What is the impairment of or disturbance in the function of the mind or brain? |   |
| **Mental Capacity Assessment Stage 2** |

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| Is the person able to understand the information relevant to the decision? |   |

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| Record how you have assessed whether the person can understand the information, the questions used, how you presented the information and your findings. |   |

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| Is the person able to retain the information relevant to the decision? |   |

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| Record how you assessed whether the person could retain the information and your finidngs |   |

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| Is the person able to use or weigh that information as part of the process of making the decision? |   |

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| Record how you assessed whether the person could use and weigh the information and you findings |   |

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| Is the person able to communicate their decision (whether by talking, using sign language or any other means)? |   |

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| Record your finds about whether the person can communicate the decision |   |

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| Conclusion (including any further input needed)Record the conclusion of the assessment stating clearly whether the person is unable to make the specific decision as a result of the impairment or disturbance in the functioning of the mind or brain. Explain why the person's inability to decide the matter is because of their impairment of, or disturbance in the function of , the mind or brain. |   |

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| Is there a requirement to complete a Best Interest Decision Assessment? | Best Interests Decision not started |

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| Please record if a Mental Capacity Assessment, Mental Health Act Assessment or Safeguarding Enquiry has been complete? |

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| **http://corp-app-179.btw.gov.uk:10020/web/images/RBGray.gif** | Mental Capacity Act Assessment have been undertaken |   | **http://corp-app-179.btw.gov.uk:10020/web/images/RBGray.gif** | Mental Health Act Assessment have been undertaken |   | **http://corp-app-179.btw.gov.uk:10020/web/images/RBGray.gif** | Safeguarding Enquiry have been concluded |   |

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| **Independent Mental Capacity Advocte** |

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| A referral to the IMCA services is not necessary as I have been able to consult relevant individuals under the best interests checklist |

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| **http://corp-app-179.btw.gov.uk:10020/web/images/RBGray.gif** | Yes |   | **http://corp-app-179.btw.gov.uk:10020/web/images/RBGray.gif** | No |   |

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| A referral to the IMCA service not necessary as the decisions need to be take on an urgent basis |   |

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| Please give reason for urgency |   |

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| A referral has been made to the IMCA service and I have taken the IMCA's view in to account |

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| **http://corp-app-179.btw.gov.uk:10020/web/images/RBGray.gif** | Yes |
| **http://corp-app-179.btw.gov.uk:10020/web/images/RBGray.gif** | No |

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| **Signatures** |

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| **Professional Signature** |

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| Professional Signature |   |

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| Professional Name |   |

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| Date of Professional Signature |   |

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| **Client Signature** |

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| Client Signature |   |

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| Client Name |   |

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| Date of Client Signature |   |

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| **Representative Signature** |

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| Representative Signature |   |

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| Representative Name |   |

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| Date of Representative Signature |   |