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| Before you fill in the form Under the ***National Disability Insurance Scheme (Authorisations) Act 2019*** section 14(2)(iii) an application for an authorisation or interim authorisation must include information that shows the **implementing provider has engaged in consultation about the proposed use** of a restrictive practice with:1. The participant; and
2. The participant’s family, carers, guardian/s or other relevant person.
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| 1. Application Details
 |
| Date | Click or tap to enter a date. |
|  |  |
| 1. NDIS Participant Details
 |
| Given NameSurname | Click or tap here to enter text.Click or tap here to enter text. | NDIS Participant Number | Click or tap here to enter text. |
| Date of Birth | Click or tap to enter a date. |

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| 1. Consultation
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| Provide information that shows the provider has engaged in consultation about the proposed use of a restrictive practice with:(a) the participant; and(b) the participant's family, carers, guardian/s or other relevant person.Note: This is evidence of discussions/consultations the Service Provider has had with stakeholders, separate to the consultations the Behaviour Support Practitioner may have completed with stakeholders in the course of developing a behaviour support plan.  |

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| 1. Consultation details\*
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| 1. **Please name the tools or resources you used to assist your communication with the Participant.**
 | Click or tap here to enter text. |
| 1. **Please describe the Participant’s reaction to the restrictive practice, either their verbal response or description of your observations.**
 | Click or tap here to enter text.  |
| 1. **How do you plan to improve Participant consultation in the future?**
 | Click or tap here to enter text. |
| 1. **Was an appropriately accessible version of the behaviour support plan provided?** \*National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.
 | Click or tap here to enter text. |
| 1. **Please describe how you consulted with the Participant’s family, carers, guardian/s or other relevant person.**
 | Click or tap here to enter text. |

\*Attach any additional documents to support your evidence of consultation.

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| **Signature** |  |
| **Full Name** | Click or tap here to enter text. |
| **Job Title** |  |
| **Service Provider Name** |  |
| **Date** | Click or tap to enter a date. |
| Further informationPlease contact restrictive-practices.authorisation-unit@nt.gov.au or 08 8999 2431Upload this signed form with your authorisation request: <https://nthealth-sngy7thh.patientsafety.com/portal/#/form/74c6d18c-eef8-4b86-88ca-44fa22282270> |
| End of form |
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