|  |
| --- |
| Before you fill in the form Each Implementing Service Provider **must** complete this form detailing any restrictive practices applied to the NDIS participant in the 12 months **prior** to the date of this application. |
| Fields marked with caret (^) are office use only. |
| Office use only^ |
| Date received ^ | Click or tap to enter a date. | RPA No ^ | Allocate a number |

|  |
| --- |
| 1. Application Details
 |
| Date |  | Request Type | [ ]  Interim[ ]  Authorisation |
| 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. |
| Gender | Choose an item. | Date of Birth | Click or tap to enter a date. |

|  |
| --- |
| 1. NDIS Service Provider Details (SP)
 |
| Name | Click or tap here to enter text. | NDIS Provider Number | Click or tap here to enter text. |
| Contact Officer | Click or tap here to enter text. | Position | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Email | Click or tap here to enter text. | Phone | Click or tap here to enter text. |

|  |
| --- |
| 7. Restrictive Practice Details |
| **Have restrictive practices been used in the 12 months preceding the date of this application? If yes, provide details below:** | Choose an item. |
| **Date** | **Restrictive Practice** | **Sub Type** | **Authorised** | **Comments** |
| Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. | Click or tap here to enter text. |
| Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. | Click or tap here to enter text. |
| Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. | Click or tap here to enter text. |
| Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. | Click or tap here to enter text. |
| Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. | Click or tap here to enter text. |
| Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. | Click or tap here to enter text. |
| Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. | Click or tap here to enter text. |
| Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. | Click or tap here to enter text. |
| Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. | Click or tap here to enter text. |
| Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. | Click or tap here to enter text. |
| Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. | Click or tap here to enter text. |
| Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. | Click or tap here to enter text. |
| Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. | Click or tap here to enter text. |
| Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. | Click or tap here to enter text. |
| Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. | Click or tap here to enter text. |
| Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. | Click or tap here to enter text. |
| Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. | Click or tap here to enter text. |
| Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. | Click or tap here to enter text. |
| Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. | Click or tap here to enter text. |
| Click or tap to enter a date. | Choose an item. | Choose an item. | Choose an item. | Click or tap here to enter text. |

|  |
| --- |
| Declaration |
| I declare that:* I am duly authorised by the NDIS participant and/or their guardian/s to submit this application for authorisation.
* I acknowledge that the Department of Health may share the information contained on this application form with relevant Commonwealth, state and territory agencies, including the police.
* To the best of my knowledge, the information provided in this request form is true, correct and accurate.
* I acknowledge giving false or misleading information to the Department of Health is a serious offence under section 43BE of the *Criminal Code Act 1983*.
 |
| **Signature** |  |
| **Full Name** | Click or tap here to enter text. |
| **Date** | Click or tap to enter a date. |
| **Job Title** | Click or tap here to enter text. |
| **NDIS Service Provider Details** | Click or tap here to enter text. |
| Further informationEmail your completed form with the *Restrictive Practices – Application for Authorisation (RPA-1*) to restrictive-practices.authorisation-unit@nt.gov.au |
| End of form |