



Australian Government



NDIS Quality
and Safeguards
Commission

Reportable incident

Immediate notification

This reportable incident notification form is approved by the NDIS Quality and Safeguards Commissioner for the purposes of sections 20 and 21 of the *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018* (NDIS Rules).

Privacy

This form seeks to collect information—including personal information—for the purpose of administering and enforcing the *National Disability Insurance Act 2013* and *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018*. Please refer to the Privacy Collection Statement and the NDIS Commission's Privacy Policy at www.ndiscommission.gov.au

Security

Once the NDIS Commission receives information from you via e-mail or any other means, the information is in a secure environment. Your personal information will not be released unless the law permits it or your permission is granted.

You need to be aware of inherent risks associated with the transmission of information via email and otherwise over the internet.

If you have concerns in this regard, the NDIS Commission has other ways of obtaining and providing information including mail, telephone and FilePoint. For advice about how to use FilePoint, please contact the NDIS Commission at 1800 035 544. If you would like to report an incident through FilePoint outside of business hours, please email reportableincidents@ndiscommission.gov.au

Instructions

This form must be completed by registered NDIS providers in SA and NSW within 24 hours of becoming aware of a reportable incident or allegation occurring in the course of, or in connection with NDIS supports or services:

- the death of an NDIS participant
- serious injury of an NDIS participant
- abuse or neglect of an NDIS participant
- unlawful sexual or physical contact with, or assault of, an NDIS participant
- sexual misconduct committed against, or in the presence of, an NDIS participant, including grooming of the NDIS participant for sexual activity.

For reporting unauthorised restrictive practices which do not result in immediate harm, for example, serious injury, please use the 5 day notification form.

For guidance, please refer to the NDIS Commission's operational guidelines on reportable incidents and fact sheets.

The requirement to report to the NDIS Commission does not replace existing obligations on providers to report to other relevant authorities, including child protection agencies or police.

Once completed, email the form together with relevant documents to reportableincidents@ndiscommission.gov.au

Please note that if you use this form to notify the NDIS Commission of a reportable incident, there is a **further form to be completed within 5 business days** of becoming aware of the incident or allegation. If you have sufficient information to complete the 5 day notification within 24 hours, you may choose to complete the 5 day notification form.

When completed, this document contains information submitted to the NDIS Quality and Safeguards Commission (the NDIS Commission) by a third party for the purposes of the *National Disability Insurance Scheme Act 2013* (Cth). The NDIS Commission makes no representations about, and accepts no liability for, the accuracy of information in this document.

1. Provider details

Report completed by _____

Provider name _____

Provider Registration ID _____

Outlet name _____

Registration group _____

State _____

2. Primary contact person

Who is the provider's primary contact for this incident or allegation?

Name _____

Position at provider _____

Phone number _____

Email address _____

Preferred method of contact _____

3. Incident category

The categories of incidents are defined in 73Z of the *National Disability Insurance Scheme Act 2013 (Cth)* and section 16 of the *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018*. You may wish to include a secondary category if the incident/allegation falls into multiple categories.

Primary category _____

Secondary category _____

4. Incident details

If you have completed an internal incident report please provide it to the NDIS Commission with this report.

Incident location _____

Location type _____

Time and date of incident/allegation _____

If date unknown, reason why _____

Time and date the NDIS provider became aware of the incident _____

Describe the incident/allegation

What were the circumstances leading up to the incident/allegation?

5. Impacted person

Who is the person with disability who has been impacted or affected by this incident/allegation?

All reportable incidents must have one person with disability impacted by the incident. If there are multiple people with disability impacted by an incident, an additional form must be filled in for each.

Name _____

NDIS participant number _____

Gender _____

Date of birth _____

Age at the time of incident _____

Primary disability _____

Other disability _____

Does the person have any behaviours of concern? _____

How does the person communicate? _____

Phone number _____

Email _____

6. Subject(s) of allegation

A subject of allegation is a person who has been accused of a reportable incident.

Subject(s) of allegation

Is there a subject of allegation for this incident? _____

A subject of allegation may be a worker within your organisation or another person, for example a resident living in the same house. There may be more than one subject of allegation. If there is not space on this form, please include additional information in an attachment.

Subject of allegation — worker

Only complete this section if there is a worker who is a subject of allegation.

Name _____

Position at time of allegation _____

Gender _____

Date of birth _____

Phone number _____

Email _____

Subject of allegation — person with disability

Only complete this section if there is a person with disability who is a subject of allegation.

Name _____

NDIS participant number _____

Gender _____

Date of birth _____

Primary disability _____

Other disability _____

Does the person have any behaviours of concern? _____

How does the person communicate? _____

Phone number _____

Email _____

Subject of allegation — other

Only complete this section if there is another person who is a subject of allegation.

Name _____

Relationship to impacted person _____

Gender _____

Date of birth _____

Phone number _____

Email _____

7. Immediate action taken

Have the police been informed of the incident/allegation? _____

Officers name _____

Police station _____

Police event number _____

Are the impacted person's family or guardian aware of the incident _____

If not, why hasn't the impacted person's family or guardian been contacted?

If the impacted person is under 18, has the relevant child protection agency been contacted: _____

If not, why hasn't the child protection agency been contacted _____

Impacted person

If the incident category is death of a person with disability, this section does not need to be completed.

Describe any immediate support that has been offered/provided to the person with disability impacted by the incident (for example, medical treatment, counselling, access to advocacy, removed source of harm)

Subject of allegation — worker

This only needs to be completed if there is a worker who is a subject of allegation.

Describe any immediate action that has been taken in respect to the worker who is the subject of the allegation (for example increased supervision, restriction on current duties, transferred to other duties, suspended with or without pay).

Subject of allegation — person with disability

This only needs to be completed if there is a person with disability who is a subject of allegation.

Describe any immediate action that has been taken or commenced in respect to the person with disability who is the subject of the allegation (for example review of staffing, review of behaviour support needs, medical review, assistance to access support person or advocate).

8. Risk assessment

If you have completed a risk assessment please provide it to the NDIS Commission with this report.

Have you undertaken a risk assessment in response to this incident? _____

If yes, date risk assessment was complete _____

Details of risk assessment

If no risk assessment has been undertaken,
what is the reason for not undertaking a risk assessment? _____

If you have a risk assessment in progress, when was it started? _____

When do you expect to be finished? _____

9. Attachments

Please list all supporting documents you need to submit to the NDIS Commission here.

Attachment name

10. Declaration

I declare that:

- I am duly authorised by the organisation identified in this form to submit this reportable incident notification.
- I understand that this information is being collected by the NDIS Quality and Safeguards Commission (NDIS Commission) for the purposes outlined in *National Disability Insurance Scheme Act 2013* and the *NDIS (Incident Management and Reportable Incidents) Rules 2018*.
- To the best of my knowledge, the information provided in this application is true, correct and accurate.
- I acknowledge that the giving of false or misleading information to the Commonwealth is a serious offence under section 137.1 of the schedule to the *Criminal Code Act 1995*.

I understand I need to submit another notification about this incident to the NDIS Commission within **5 business days**.

Full name _____

Position at organisation _____

Date _____

Please save and email the completed form and all attachments to reportableincidents@ndiscommission.gov.au

Office use only

RI number _____

Date form received _____

Date entered in CBAS _____

Entered by _____