



NDIS Quality  
and Safeguards  
Commission

## Notice of a behaviour support plan, regulated restrictive practice and plan expiry date

### Section 26(4)(a) of the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*

#### Important information

There are special arrangements for NDIS providers transitioning to registration with the NDIS Quality and Safeguards Commission (NDIS Commission). *The National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* (NDIS Rules) require these providers to notify the NDIS Quality and Safeguards Commissioner about the use of behaviour support plans containing regulated restrictive practices (see section 26 of the NDIS Rules).

This means that from 1 July 2018, registered NDIS providers of supports to participants residing in New South Wales and South Australia must notify the NDIS Commission of such behaviour support plans by no later than 1 October 2018, unless a longer period has been agreed.

#### Instructions

Please complete this form to notify the NDIS Commission of the existence of a behaviour support plan containing a **regulated restrictive practice** used in accordance with an authorisation process in either New South Wales or South Australia.

This form is approved for the purposes of paragraph 26(4)(a) of the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.

**Once completed, please email this form together with any relevant documents to [behavioursupport@ndiscommission.gov.au](mailto:behavioursupport@ndiscommission.gov.au)**

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## Regulated restrictive practices

A 'regulated restrictive practice' is any of the following:

- seclusion, which is the sole confinement of a person with disability in a room or a physical space at any hour of the day or night where voluntary exit is prevented, or not facilitated, or it is implied that voluntary exit is not permitted
- chemical restraint, which is the use of medication or chemical substance for the primary purpose of influencing a person's behaviour. It does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition
- mechanical restraint, which is the use of a device to prevent, restrict, or subdue a person's movement for the primary purpose of influencing a person's behaviour but does not include the use of devices for therapeutic or non-behavioural purposes
- physical restraint, which is the use or action of physical force to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing their behaviour. Physical restraint does not include the use of a hands-on technique in a reflexive way to guide or redirect a person away from potential harm/injury, consistent with what could reasonably be considered the exercise of care towards a person
- environmental restraint, which restrict a person's free access to all parts of their environment, including items or activities.

## Privacy

Please refer to [www.ndiscommission.gov.au/privacy](http://www.ndiscommission.gov.au/privacy) for the Privacy Collection Statement and the NDIS Quality and Safeguards Commission's Privacy Policy.

## Copyright and disclaimer

Please refer to [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au) for more information about [copyright and the NDIS Commission's disclaimer](#).

## Security

Once the NDIS Commission receives information from you via email 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.

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## Existing behaviour support plan details

Please note that the behaviour support plan must include positive behaviour support strategies (e.g. ecological supports, skill building, responsive strategies) in addition to the restrictive practices.

Providers may be requested to provide a copy of the behaviour support plan under paragraph 26(5)(b) of the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.

### Participant details

Name	
Date of birth	
Age	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex <input type="checkbox"/> Unspecified
NDIS participant number	
Address	
Person responsible	

### Behaviour support plan details

Start date	
Expiry date	
Review date ( <i>must be within 12 months</i> )	

Jurisdiction ( <i>enter your state</i> )	
Behaviour support practitioner	
Specialist behaviour support provider	

## Provider using the behaviour support plan

Please provide the details of the provider implementing this plan.

ABN	
Address	
Primary contact name	
Primary contact's contact details	
NDIS services delivered	

## Behaviour(s) of concern

Summary of the person's behaviour(s) of concern	
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## Regulated restrictive practices

### Regulated restrictive practice 1

Restrictive practice type	<input type="checkbox"/> Seclusion <input type="checkbox"/> Chemical restraint <input type="checkbox"/> Mechanical restraint <input type="checkbox"/> Physical restraint <input type="checkbox"/> Environmental restraint
Sub-type	
Administration type	<input type="checkbox"/> PRN (as required) <input type="checkbox"/> Routine
Authorisation/consent received from  <i>(Please submit evidence along with this form)</i>	

Authorisation/consent received date	
Authorisation and consent start date	
Authorisation and consent end date	

**Regulated restrictive practice 2**

Restrictive practice type	<input type="checkbox"/> Seclusion <input type="checkbox"/> Chemical restraint <input type="checkbox"/> Mechanical restraint <input type="checkbox"/> Physical restraint <input type="checkbox"/> Environmental restraint
Sub-type	
Administration type	<input type="checkbox"/> PRN (as required) <input type="checkbox"/> Routine
Authorisation/consent received from <i>(Please submit evidence along with this form)</i>	
Authorisation/consent received date	
Authorisation and consent start date	
Authorisation and consent end date	

### Regulated restrictive practice 3

Restrictive practice type	<input type="checkbox"/> Seclusion <input type="checkbox"/> Chemical restraint <input type="checkbox"/> Mechanical restraint <input type="checkbox"/> Physical restraint <input type="checkbox"/> Environmental restraint
Sub-type	
Administration type	<input type="checkbox"/> PRN (as required) <input type="checkbox"/> Routine
Authorisation/consent received from <i>(Please submit evidence along with this form)</i>	
Authorisation/consent received date	
Authorisation and consent start date	
Authorisation and consent end date	

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## Declaration

I declare that:

- I understand that this information is being collected by the NDIS Quality and Safeguards Commission (NDIS Commission) for the purposes of administering the *National Disability Insurance Scheme Act 2013* and the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*.
- A behaviour support plan that contains alternative behaviour support strategies (such as, but not limited to, ecological supports, skill building and responsive strategies) and controls the use of the regulated restrictive practices, consistent with the requirements in the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*, is in place for the person with disability as described in this form.
- 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 have read and understood the Privacy Collection Statement and the NDIS Commission's privacy policy available at [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au).
- I have read and understood the information about copyright and the NDIS Commission's disclaimer available at [www.ndiscommission.gov.au](http://www.ndiscommission.gov.au).

Signature	
Full name	
Date	
Job title	

Please email completed form with all attachments to [behavioursupport@ndiscommission.gov.au](mailto:behavioursupport@ndiscommission.gov.au)



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## Office use only

Date received	
Entered by	