



Notice of a regulated restrictive practice that does not require authorisation under a state process

Section 28(3)(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 providers to notify the NDIS Quality and Safeguards Commissioner about the use of regulated restrictive practices that do not require authorisation under a state process at the time of transition (see section 28 of the NDIS Rules).

New South Wales

New South Wales restrictive practice authorisation policy requirements are available at www.facs.nsw.gov.au/providers

NDIS providers of supports to participants residing in New South Wales, using regulated restrictive practices that were not authorised at the time of transition, must notify the NDIS Quality and Safeguards Commissioner of such regulated restrictive practices by 1 August 2018, unless a longer period has been agreed. New South Wales policy arrangements require that all regulated restrictive practices receive interim authorisation by 30 September 2018 and full authorisation by 31 December 2018.

South Australia

South Australia's restrictive practice authorisation requirements are available at www.dhs.sa.gov.au/services/disability-sa/disability-sa-policies-and-guidelines

All regulated restrictive practices require authorisation in line with South Australia's requirements from 1 July 2018, therefore this form is not applicable to providers delivering supports to participants residing in South Australia.

Instructions

Please complete this form to notify the NDIS Commission of the use of a **regulated restrictive practice**.

This form is approved for the purposes of paragraph 28(3)(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

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 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 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.

Person 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	

Provider using the regulated restrictive practice

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

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

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

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*.
- 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.
- I have read and understood the information about copyright and the NDIS Commission's disclaimer available at www.ndiscommission.gov.au.

Signature	
Full name	
Date	
Job title	

Please email completed form with all attachments to behavioursupport@ndiscommission.gov.au

Office use only

Date received	
Entered by	