



Restrictive Practices Monthly Reporting Form

This form is approved by the Senior Practitioner for the purpose of section 14 of the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* for reporting on the use of restrictive practices by implementing providers. 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.

Privacy

This form seeks to collect information –including personal information– for the purpose of administering and enforcing the *National Disability Insurance Act 2013* and the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*. Please refer to the Privacy Collection Statement and the NDIS Quality and Safeguards Commission’s Privacy Policy at <https://www.ndiscommission.gov.au/privacy>.

Security

Once the NDIS Quality and Safeguards Commission (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 the 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 and FilePoint. For advice about how to use FilePoint, please contact the behaviour support team at behavioursupport@ndiscommission.gov.au.

Participant Name:	Click or tap here to enter text.	NDIS participant number:	Click or tap here to enter text.	Reporting period:	Choose an item.	Choose an item.
Implementing provider Name:	Click or tap here to enter text.	Registration ID:	Authorised Reporting Officer (ARO) name:		Click or tap here to enter text.	
		Click or tap here to enter text.	ARO Email address:		Click or tap here to enter text.	

Restrictive Practice Reporting - Routine

This is where you report routine regulated restrictive practices that are in place on an ongoing basis (see page four below for reporting PRN restrictive practices). For example, a front door that is always locked preventing independent exit by the participant or medication that is given the same time every day. If the practice is contained in a behaviour support plan, enter the NDIS Commission behaviour support plan ID number. Each regulated restrictive practice must be reported on. For example, if four medications are administered routinely then enter four lines below and include the medication name for each one (see the quick reference guide for completing this form).

Restrictive Practice Type	Brief description of the practice e.g. locked gate, seat belt buckle cover, 2-person escort. If chemical restraint, enter the <u>medication name</u> .	Details of medication (NOT FOR ADMINISTRATION PURPOSES)			Related behaviour of concern	Type in plan ID or select option	Authorisation status
		Dosage	Unit of measurement	Frequency			
Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
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Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Restrictive Practice Type	Brief description of the practice e.g. locked gate, seat belt buckle cover, 2-person escort. If chemical restraint, enter the <u>medication name</u> .	Details of medication (NOT FOR ADMINISTRATION PURPOSES)			Related behaviour of concern	Type in plan ID or select option	Authorisation status
		Dosage	Unit of measurement	Frequency			
Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
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Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Restrictive Practice Reporting – PRN

This list is where you report instances of regulated restrictive practices that are used as needed (PRN). Each instance of the use must be reported below. However if there are more than five uses in the month the consolidated reporting option can be used.

PRN Restrictive Practice Type 1	Brief description of the practice e.g. locked gate, seat belt buckle cover, 2-person escort. If chemical restraint, enter the <u>medication name.</u>	Medication details (NOT FOR ADMINISTRATION PURPOSES)		Related behaviour of concern	Type in plan ID or select option	Authorisation status
		Dosage	Unit of measurement			
Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Date used	Time commenced	Time ceased	Your organisation's incident report reference	Consolidated reporting If there more than 5 instances of the practice, the use can be reported as a consolidated number		
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.			
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.			
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Number of times used for the month:	Average length of time restrictive practice used (in minutes):	
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.			
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

PRN Restrictive Practice Type 2	Brief description of the practice e.g. locked gate, seat belt buckle cover, 2-person escort. If chemical restraint, enter the <u>medication name</u> .	Medication details (NOT FOR ADMINISTRATION PURPOSES)		Related behaviour of concern	Type in plan ID or select option	Authorisation status
		Dosage	Unit of measurement			
Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Date used	Time commenced	Time ceased	Your organisation's incident report reference		Consolidated reporting If there more than 5 instances of the practice, the use can be reported as a consolidated number	
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.		
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Number of times used for the month:	
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.		
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Average length of time restrictive practice used (in minutes):
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

PRN Restrictive Practice Type 3	Brief description of the practice e.g. locked gate, seat belt buckle cover, 2-person escort. If chemical restraint, enter the <u>medication name</u> .	Medication details (NOT FOR ADMINISTRATION PURPOSES)		Related behaviour of concern	Type in plan ID or select option	Authorisation status
		Dosage	Unit of measurement			
Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Date used	Time commenced	Time ceased	Your organisation's incident report reference		Consolidated reporting If there more than 5 instances of the practice, the use can be reported as a consolidated number	
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.		
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.		
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Number of times used for the month:	Average length of time restrictive practice used (in minutes):
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.		
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

PRN Restrictive Practice Type 4	Brief description of the practice e.g. locked gate, seat belt buckle cover, 2-person escort. If chemical restraint, enter the <u>medication name</u> .	Medication details (NOT FOR ADMINISTRATION PURPOSES)		Related behaviour of concern	Type in plan ID or select option	Authorisation status
		Dosage	Unit of measurement			
Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Date used	Time commenced	Time ceased	Your organisation's incident report reference		Consolidated reporting If there more than 5 instances of the practice, the use can be reported as a consolidated number	
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.			
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.			
Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Number of times used for the month:	Average length of time restrictive practice used (in minutes):
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Click or tap to enter a date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Declaration

I declare that:

- I am duly authorised by the provider in this form to submit this regulated restrictive practice report.
- I understand that this information is being collected by the NDIS Quality and Safeguards Commission (NDIS Commission) for the purposes outlined in the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018*.
- I understand the requirements of registered NDIS providers in relation to notifying the NDIS Commission of the use of regulated restrictive practices.
- I understand that the NDIS Commission will, if required, use the information to undertake compliance and enforcement activities consistent with the *National Disability Insurance Scheme Act 2013 (the Act)* and any Rules established under the Act.
- I acknowledge that NDIS Commission may share the information contained in this form with relevant Commonwealth, State and Territory agencies, including the police.
- To the best of my knowledge, the information provided in this form 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.

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.

Please email completed form to: behavioursupport@ndiscommission.gov.au