



# Reportable incident 5 day 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).

This form may change over time. We recommend that you access the form directly from the NDIS Commission website to complete each time a reportable incident occurs.

## Privacy

This form seeks to collect information—including personal information—for the purpose of administering and enforcing the *National Disability Insurance Scheme 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/privacy](http://www.ndiscommission.gov.au/privacy)

## 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](mailto:reportableincidents@ndiscommission.gov.au)

## Office use only

RI number \_\_\_\_\_ Date form received \_\_\_\_\_

Date entered in COS \_\_\_\_\_ Entered by \_\_\_\_\_

## Instructions

This form must be completed by registered NDIS providers in SA and NSW within 5 business days of becoming aware of a reportable incident or allegation occurring in the course of, or in connection with NDIS supports or services:

- For the initial notification of an unauthorised restrictive practice (section 21 of the NDIS Rules)
- As a follow up notification of all other reportable incidents (section 20 of the NDIS Rules).

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

This form should be submitted to the NDIS Commission with copies of all documents relating to the incident. This includes incident reports, file notes, risk management assessments and/or plans, participant's plans relevant to the incident, as well as copies of correspondence between relevant persons or agencies. **If you have previously provided information and supporting documentation about the reportable incident or allegation to the NDIS Commission, you do not need to provide the same information again in this report.**

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](mailto:reportableincidents@ndiscommission.gov.au)**

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

Provider name \_\_\_\_\_

Provider Registration ID \_\_\_\_\_

Provider ABN \_\_\_\_\_

Outlet name \_\_\_\_\_

Registration group \_\_\_\_\_

State \_\_\_\_\_

Report completed by \_\_\_\_\_

# 2. Primary contact person

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

Title \_\_\_\_\_

First name \_\_\_\_\_

Surname \_\_\_\_\_

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 more than one category. For example, a person is physically assaulted and confined may be reportable as a physical assault and an unauthorised restrictive practice.

Primary category \_\_\_\_\_

Secondary category \_\_\_\_\_

If the incident is a death of a person with disability, was the death anticipated? \_\_\_\_\_

## 4. Incident details

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

**Reportable incident ID** \_\_\_\_\_

**Provider's internal reference number** \_\_\_\_\_

**Incident location** \_\_\_\_\_

**Location type** \_\_\_\_\_

**Time and date of incident/allegation** \_\_\_\_\_

**If date unknown, reason why** \_\_\_\_\_

**Time and date the first worker became aware of the incident** \_\_\_\_\_

**Name of the first worker to become aware of the incident** \_\_\_\_\_

**Role of the first worker to become aware of the incident** \_\_\_\_\_

**Time the NDIS provider became aware of the incident** \_\_\_\_\_

**Date the NDIS provider became aware of the incident** \_\_\_\_\_

**Name of the person who reported the incident/allegation to key personnel**

\_\_\_\_\_

**Role of the person who reported the incident/allegation to key personnel**

\_\_\_\_\_

**Describe the incident/allegation**

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**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.

Title \_\_\_\_\_

First name \_\_\_\_\_

Surname \_\_\_\_\_

NDIS participant number \_\_\_\_\_

Gender \_\_\_\_\_

Date of birth \_\_\_\_\_

Age at the time of incident \_\_\_\_\_

Primary disability \_\_\_\_\_

Other disability \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Address type \_\_\_\_\_

Length of time residing at this address \_\_\_\_\_

Is this person of Aboriginal or Torres Strait Islander descent? \_\_\_\_\_

Language preference \_\_\_\_\_

Country of birth \_\_\_\_\_

Deceased date (if applicable) \_\_\_\_\_

Is a guardian appointed? \_\_\_\_\_

Does the person have any behaviours of concern? \_\_\_\_\_

Does the person require informal decision making support? \_\_\_\_\_

How does the person communicate? \_\_\_\_\_

## 6. Support person for the impacted person

Please list support people for the person with disability impacted by the incident. People listed here may include family, friends, legal guardians and advocates. If there are more than two support people you want to include, please include additional information in an attachment.

**Title** \_\_\_\_\_

**First name** \_\_\_\_\_

**Surname** \_\_\_\_\_

**Relationship to impacted person** \_\_\_\_\_

**Has this person been contacted?** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Preferred method of contact** \_\_\_\_\_

**Title** \_\_\_\_\_

**First name** \_\_\_\_\_

**Surname** \_\_\_\_\_

**Relationship to impacted person** \_\_\_\_\_

**Has this person been contacted?** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Preferred method of contact** \_\_\_\_\_

## 7. 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 applicable if there is a worker who is a subject of allegation.

Title \_\_\_\_\_

First name \_\_\_\_\_

Surname \_\_\_\_\_

NDIS Worker Screening number \_\_\_\_\_

Position at time of allegation \_\_\_\_\_

Gender \_\_\_\_\_

Date of birth \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

Employment status with the provider at the time of allegation \_\_\_\_\_

Employment start date \_\_\_\_\_

Is the person aware of the allegation made against them? \_\_\_\_\_

Date worker was made aware \_\_\_\_\_

Who informed the worker? \_\_\_\_\_

If the person is not aware of the allegation, why hasn't they been made aware?  
\_\_\_\_\_

Working with children/vulnerable people check number \_\_\_\_\_

State where this check was obtained \_\_\_\_\_

Driver's licence number \_\_\_\_\_

State where licence was obtained \_\_\_\_\_

Passport number \_\_\_\_\_



## Subject of allegation — person with disability

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

Title \_\_\_\_\_

First name \_\_\_\_\_

Surname \_\_\_\_\_

NDIS participant number \_\_\_\_\_

Gender \_\_\_\_\_

Date of birth \_\_\_\_\_

Age at the time of incident \_\_\_\_\_

Primary disability \_\_\_\_\_

Other disability \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Address type \_\_\_\_\_

Length of time residing at this address \_\_\_\_\_

Is this person of Aboriginal or Torres Strait Islander descent? \_\_\_\_\_

Language preference \_\_\_\_\_

Country of birth \_\_\_\_\_

Deceased date (if applicable) \_\_\_\_\_

Is a guardian appointed? \_\_\_\_\_

Does the person have any behaviours of concern? \_\_\_\_\_

Does the person require informal decision making support? \_\_\_\_\_

How does the person communicate? \_\_\_\_\_

## Subject of allegation — other

Only complete this section if there is another person who is a subject of allegation in relation to the incident or allegation occurring in the course of or in connection with NDIS supports or services.

Title \_\_\_\_\_

First name \_\_\_\_\_

Surname \_\_\_\_\_

Relationship to impacted person \_\_\_\_\_

Gender \_\_\_\_\_

Date of birth \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

## 8. Witnesses

A witness can be any person who knows something about the incident. If there are more than two witnesses you want to include, please include additional information in an attachment.

### Witness

Title \_\_\_\_\_

First name \_\_\_\_\_

Surname \_\_\_\_\_

Relationship to impacted person \_\_\_\_\_

Has this person been contacted about the incident for further information? \_\_\_\_\_

Gender \_\_\_\_\_

Date of birth \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

Title \_\_\_\_\_

First name \_\_\_\_\_

Surname \_\_\_\_\_

Relationship to impacted person \_\_\_\_\_

Has this person been contacted about the incident for further information? \_\_\_\_\_

Gender \_\_\_\_\_

Date of birth \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

**Title** \_\_\_\_\_

**First name** \_\_\_\_\_

**Surname** \_\_\_\_\_

**Relationship to impacted person** \_\_\_\_\_

**Has this person been contacted about the incident for further information?** \_\_\_\_\_

**Gender** \_\_\_\_\_

**Date of birth** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**Email** \_\_\_\_\_

## 9. Immediate action taken

### Immediate action taken

Have the police been informed of the incident/allegation? \_\_\_\_\_

Officers name \_\_\_\_\_

Police station \_\_\_\_\_

Police event number \_\_\_\_\_

If the police have not been informed of the incident/allegation, why not?

\_\_\_\_\_

Is there a detailed police report? \_\_\_\_\_

If yes, what is the date of the police report \_\_\_\_\_

If no, why is there no detailed police report? \_\_\_\_\_

Are police investigating the incident? \_\_\_\_\_

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 \_\_\_\_\_

Provide details of any other immediate action taken

\_\_\_\_\_

## **Impacted person**

This section does not need to be completed if the incident is of category 'death of a person with disability'.

**Describe any 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).**

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**Describe any further action being considered for the person with disability impacted by the incident.**

## **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).**

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**Describe any further action being considered in respect to the worker who is the subject of the allegation.**

## **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).**

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**Description of further action being considered in respect to the person with disability who is the subject of the allegation**



## 10. Risk assessment

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

### Risk assessment

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

If yes, date risk assessment was complete \_\_\_\_\_

### Details of risk assessment

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

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

When do you expect to be finished? \_\_\_\_\_

## 11. Death of a person with disability (if applicable)

Only complete this section if incident is of category 'death of a person with disability'.

### Death of a person with disability

What swallowing, breathing or choking risks did the person have? \_\_\_\_\_

What lifestyle risks did the person have? \_\_\_\_\_

What mobility restrictions did the person have? \_\_\_\_\_

What other health issues did the person have? \_\_\_\_\_

Last recorded weight before death \_\_\_\_\_

Last recorded height before death \_\_\_\_\_

Calculated BMI \_\_\_\_\_

List all medications the person was prescribed at the time of death.  
Include dosage and whether it was regular or PRN.

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List any additional medications the person was prescribed in the 12 months prior to their death.  
Include dosage and whether it was regular or PRN.

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Describe any medication incidents involving the person in the 12 months prior to their death.

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List all up-to-date immunisations the person had prior to their death, eg influenza, pneumococcal. Include dates.

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Provide details of the regular or last general practitioner the person visited. Include the GP's name, the practice name and the date of their last visit.

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Provide details of any other health practitioners the person visited. Include the practitioners name, the practice name and when the date of their last visit.

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Describe any relevant incidents involving the person in the 12 months prior to their death, eg choking incidents, falls, unexplained injury.

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**In the 12 months prior to their death, what behaviours of concern did the person demonstrate?**

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**If other, please describe.**

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**Describe any illnesses the person had, in the 12 months prior to their death, which resulted in treatment by a doctor? Include dates.**

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**In the 12 months prior to their death, was the person admitted to hospital? \_\_\_\_\_**

**If yes, please describe the reason for admission and name the hospital.**

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**Please provide any additional relevant information which is not already captured.**

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## 12. Unauthorised use of a restrictive practice (if applicable)

Only complete this section if incident is of category 'unauthorised use of a restrictive practice'.

### Unauthorised use of a restrictive practice in relation to a person with disability

Restrictive practice type \_\_\_\_\_

Restrictive practice subtype \_\_\_\_\_

Does the person have a current NDIS behaviour support plan? \_\_\_\_\_

If yes, what is the behaviour support plan ID number \_\_\_\_\_

Behaviour(s) of concern \_\_\_\_\_

Is this a one-off emergency use that is unlikely to recur? \_\_\_\_\_

Have you sought state/territory authorisation and consent to use the RP? \_\_\_\_\_

Have you sought an amendment to the existing behaviour support plan? \_\_\_\_\_

Have you initiated an NDIS behaviour support assessment and plan? \_\_\_\_\_

## 13. Attachments

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

### Attachment name

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## 14. 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*.

Full name \_\_\_\_\_

Position at organisation \_\_\_\_\_

Date \_\_\_\_\_

Please save and email the completed form and all attachments to [reportableincidents@ndiscommission.gov.au](mailto:reportableincidents@ndiscommission.gov.au)