Department of Seniors, Disability Services and Torres Strait Islander Partnerships

Positive Behaviour Support and Restrictive Practices Disability Connect Queensland

## GUIDE: How to create a new Restrictive Practice Service User

**Online Data Collection (ODC): Restrictive Practice Approvals** 

 Login to ODC using the provided Data Entry Operator username and password at <u>https://secure.disability.qld.gov.au/ngo</u>

| 🐮 Queensla                                     | nd Government  |   |         |
|--|--|---|---------|
| Department of Cor<br>Department of Chi         | nmunities, Disability Services and Seniors<br>Id Safety, Youth and Women |   |         |
| Secure Se                                      | rvices Gateway   |   |         |
| Welcome to the<br>Child Safety, Ye             | Secure Services Gateway for the<br>buth Justice and Women.               | Department of Communities, Disability Services and Seniors and the Departm  | ient of |
| The Secure Ser<br>Jnauthorised a<br>prosecuted | vice Gateway manages your acce<br>ttempts to access the web based        | ss to various web based systems. All Login on the systems are monitored and systems are monitored. Any person found to be an unauthorised user may be | logged  |
| Login  |  |   |         |
| Username:                                      |  |   |         |
| Password:                                      |  |   |         |
| -  | orgotten your password   |   |         |

- 2. Click on **Restrictive Practice** in the left navigation menu, then click on [+] to expand the options, then click on **Restrictive Practice Service User**.
- 3. Do a **search** to verify the Service User is not already in ODC.
- 4. If the user is not in ODC, click on Add new Restrictive Practice Service User.





5. Add **Service User Details** and **Address Details**, press **Submit**. An email notification will go to the **Authorising Agency Officer** advising that the service user details require declaring.

## **Create Restrictive Practice Service User**

An asterisk (\*) indicates that an answer is required.

| Service User Details                        |   |   |
|---|---|---|
|   |   |   |
| Agency:*                                    |   | ~ |
| NDIS ID:*                                   | 123456789                               |   |
| First Name:*                                | XXXXX                                   |   |
| Surname:*                                   | XXXXX                                   |   |
| Date of Birth:*                             | xx/xx/xxxx                              |   |
| Gender:*                                    | MALE 🗸                                  |   |
| Primary Disability:*                        | Intellectual ~                          |   |
| Indigenous Status:*                         | Does not identify with specified groups |   |
| Culturally and Linguistically<br>Diversed:* |   |   |

| Address Details                    |             |
|------------------------------------|-------------|
| Residential Address Line 1:*       | 123 ABC St  |
| <b>Residential Address Line 2:</b> |             |
| Suburb:*                           | Brisbane    |
| State:*                            | QLD V       |
| Postcode:*                         | 4000        |
| From Date:*                        | 12 Oct 2021 |
|                                    |             |

Submit Cancel



6. A new Service User Details section will be created, where you can submit a Form 6-4.

| Online Data Collection > Service Us | er > Service User Details            |              |                         |               |                |                  |                       |   |
|-------------------------------------|--------------------------------------|--------------|-------------------------|---------------|----------------|------------------|-----------------------|---|
| Service User Detai                  | ls                                   |              |                         |               |                |                  |                       |   |
| Service User Details                |                                      |              |                         |               |                |                  |                       |   |
| Agency:                             |                                      |              | Primary [               | Disability:   | Intelle        | ctual            |                       |   |
| NDIS Id:                            | 123456789                            |              | Indigenou               | us Status:    | Does r         | not identify w   | with specified groups |   |
| ID (formerly BIS ID):               | 9000-0628                            |              | Culturally<br>Diversed: | and Linguisti | cally Yes      |                  |                       |   |
| First Name:                         | XXXXX                                |              |                         |               |                |                  |                       |   |
| Surname:                            | XXXXX                                |              |                         |               |                |                  |                       |   |
| Date of Birth:                      | 16 Aug 1970                          |              |                         |               |                |                  |                       |   |
| Age:                                | 51                                   |              |                         |               |                |                  |                       |   |
| Gender:                             | MALE                                 |              |                         |               |                |                  |                       |   |
| Service User Declaration Status:    | Submitted                            |              |                         |               |                |                  |                       |   |
| Addresses                           |                                      |              |                         |               |                |                  |                       |   |
| When a new address is decla         | ared, the current address will auton | natically be | e end-dat               | ed the day b  | efore the "Fro | m Date" of<br>Ir | the new address.      |   |
| Residential Address Line 1          | Residential Address Line 2           | Suburb       | State                   | Postcode      | From Date      | To Date          | Declaration Status    |   |
| 123 ABC St                          |                                      | Brisbane     | QLD                     | 4000          |                |                  | Submitted             | Γ |

Note: Implementing providers registered with the NDIS Commission are required to submit monthly reports to the NDIS Commission on the use of restrictive practices against the participant's current/ active positive behaviour support plan.

