

Department of Families, Seniors, Disability Services and Child Safety

GUIDE: How to notify change of details to an existing Restrictive Practice Approval (Form 6-5)

Search for Restrictive Practice Service User

1. Login to the [Online Data Collection \(ODC\) Portal](#) with the provided **Data Entry Operator** username and password.
2. In the left hand menu, click the **[+]** beside **Restrictive Practice**.
3. Then click on **Restrictive Practice Service User**.

The **Search** Restrictive Practice Service User **screen** is displayed.

4. Enter details in the fields available and click on **Search**.

Note: You do not need to enter all fields to run a search. You can enter either the NDIS ID and/or Surname and/or First Name.

The screenshot displays the 'Online Data Collection' portal interface. On the left is a navigation menu with the following items: 'Administration', 'Resources', 'Service User', 'Restrictive Practice' (highlighted with a red box and a minus sign icon), 'Restrictive Practice Service User' (highlighted with a red box), 'Restrictive Practice Service Outlets', 'Reports', and 'What's new?'. The main content area shows the breadcrumb path 'Online Data Collection > Restrictive Practice > Search Restrictive Practice Service User' and the title 'Search Restrictive Practice Service User'. Below the title are three input fields: 'NDIS Id:', 'OR Surname:', and 'First Name:'. A 'Search' button is located at the bottom of the form.

5. Click on the service user's **surname** to access **Service User Details**.
6. In the Restrictive Practices Approvals/Consent section, select the **Form 6-5** link on the right for the approval requiring change or to be ceased.

Restrictive Practice Approvals/Consent

Form 6-4: Notification of Approval or Consent to the Use of Restrictive Practices

Include deleted records ☐

Approval Type	Plan Date	Approval/Consent By	Approval Date	Expiry Date	Cessation Date	Declaration Status	
Positive Behaviour Support Plan		Guardian for a restrictive practice (general) matter				Declared	Form 6-5 Add Guardian
Short Term Approval		Chief Executive delegate, Disability Services				Declared	Form 6-5

Note: Only the most recent Restrictive Practice Approval record can be changed.

Complete Form 6-5

1. The Form 6-5 will be displayed.

Form 6-5: Notification of Change to a Restrictive Practice Approval

When this form is to be used

- This form is to be completed by a relevant service provider, if the existing restrictive practice approval, is changed in any way, from that as previously notified, via Form 6-4. (Disability Services Regulation 2006, Section 8A(3), Disability Services Regulation 2006, Section 8A(4))
- The relevant service provider is required to complete and return this form to the department within 14 days of the change of the restrictive practice approval for the client indicated in Part B. (Disability Services Regulation 2006, Section 8A(5))

How to complete this form

- Only the relevant sections of this form will be displayed for completing.
- This form must be completed with contact details and an electronic declaration.
- Reporting instances of use of Restrictive Practices is required up until, and including the Cessation date.

Privacy Notice

The information on this form is being collected so the Department of Families, Seniors, Disability Services and Child Safety (the department) can provide oversight and support in relation to the development, approval and use of positive behaviour support plans and restrictive practices.

The collection of this information is authorised by the Disability Services Act 2006 (Qld). Information may be disclosed to statutory bodies and non-government service providers involved in this process, as part of the oversight and support functions.

If this information is not provided to the department, it may not be possible for them to decide about the authorisation of the use of the restrictive practice/s.

The department is committed to handling all personal information in accordance with the Information Privacy Act 2009 (Qld) and the Queensland Privacy Principles (QPPs).

Your personal information will not be transferred overseas.

The department's Privacy Policy contains information about:

- how people can access their personal information held by the department,
- how people can seek correction of their personal information if it is inaccurate, out of date, incomplete, irrelevant or misleading, and
- how people can make a complaint about a breach of the QPPs and how the department will deal with their complaint.

More information about how the department handles personal information, including the department's Privacy Policy is available on our [website](#). If you would like to discuss how the department handles personal information further, please contact [RPO Restrictive Practice Approvals Mailbox](#).

Service User Details

Agency: Primary Disability:
 NDIS Id: Indigenous Status:
 ID (formerly BIS ID): Culturally and Linguistically Diversed:
 First Name:
 Surname:
 Date of Birth:
 Age:
 Gender:
 Service User Declaration Status: Declared

Approval/Consent details

Approval Type: Short Term Approval
 Approval/Consent By: Chief Executive delegate, Disability Services
 Approval Date:
 Expiry Date:

Reason for Completing

- ☐ Change of Service Outlet within your Agency
☐ Premature cessation of Approval/Consent (i.e. before the natural expiration of the previously notified approval)

[Next](#) [Cancel](#)

Change of Service Outlet within the Agency:

1. Select a Reason for Completing and select Next.

Reason for Completing

- ☒ Change of Service Outlet within your Agency
☐ Premature cessation of Approval/Consent (i.e. before the natural expiration of the previously notified approval)

Next Cancel

2. Enter the **Date of Cessation** of existing service outlet and the **Effective Date at New Service Outlet**. The effective date is auto-populated (to today's date) but can be manually changed.
3. Remove the outlet from the **Selected** box by selecting the outlet and selecting **Remove**.
4. Add the new service outlet from **Available** box by selecting an outlet and selecting **Add**. Click **Next**.

Date of Cessation of Service Outlet/s

Enter Date of Cessation: *

Change of Service Outlet within the Agency

When a Service Outlet is removed from the selected list below, the date of cessation entered above will be applied to the removed Service Outlet linkage with this Approval/Consent.

If new Service Outlet/s are added, the effective date on which they start must be entered.

Effective Date at New Service Outlet:

Physical Restraint - Two hands hold

Update the Service Outlets approved for this Restrictive Practice

Selected

Option 1

Add

Remove

Available

Option 2

Option 3

Back Next

5. Review all details to ensure they are correct and then select **Submit**.

Service Outlet and Restrictive Practice Details

Service Outlet	Restrictive Practice	Additional Details (if applicable)	From Date	Cessation Date
Option 1	Physical Restraint	Two hands hold	22 Feb 20XX	
	Physical Restraint	Two hands hold	02 Dec 20XX	21 Feb 20XX

Back Submit Cancel

6. The Change of Service Outlet (Form 6-5) **must** now be **Declared** (authorised). A notification will be emailed to the **Authorising Agency Officer**. Refer to [How to authorise a Restrictive Practice declaration](#)

Premature cessation of Approval/Consent (i.e. before the natural expiration of the previously notified approval):

1. Select the Reason for Completing and select Next.

Reason for Completing

- ☐ Change of Service Outlet within your Agency
- ☒ Premature cessation of Approval/Consent (i.e. before the natural expiration of the previously notified approval)

Next Cancel

2. Enter the **Date of Cessation** of the existing Approval/Consent details and select **Next**.

Approval/Consent details

Approval Type:

Approval/Consent By:

Approval Date:

Expiry Date:

Date of Cessation of Restrictive Practice Approval/Consent

Enter Date of Cessation: *

Back Next

3. Review all details to ensure they are correct and then select **Submit**.

Service Outlet and Restrictive Practice Details

Service Outlet	Restrictive Practice	Additional Details (if applicable)	From Date	Cessation Date
Option 1	Physical Restraint	Two hands hold	22 Feb 20XX	19 Feb 20XX
	Physical Restraint	Two hands hold	02 Dec 20 XX	21 Feb 20 XX

Back Submit Cancel

4. The Cessation of Approval/Consent (Form 6-5) **must** now be **Declared** (authorised). A notification will be emailed to the **Authorising Agency Officer**. Refer to [How to authorise a Restrictive Practice declaration](#).

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.