

Positive Behaviour Support and Restrictive Practices  
Disability Connect Queensland

## GUIDE: How to notify the department of change of details to an existing Restrictive Practice Approval, including cessation (Form 6-5)

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

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

2. In the **Service User Details** section within the Restrictive Practices Approvals/Consent box, select the **Form 6-5** link against the approval that needs to be modified.

### 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	
<a href="#">Positive Behaviour Support Plan</a>		Guardian for a restrictive practice (general) matter				Declared	<a href="#">Form 6-5</a>
<a href="#">Positive Behaviour Support Plan</a>		Guardian for a restrictive practice (general) matter				Declared	

Note: Service providers can only modify the most recent Restrictive Practice Approval record.

3. Form 6-5 will be displayed. Select an option for **Reason for Completing** and select **Next**.

### 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.

#### Your Privacy

The information on this form is being collected so Disability Services clinical teams can provide oversight and support in relation to the development, approval and use of positive behaviour support plans and restrictive practices. The collection is authorised by the *Disability Services Act 2006*. Information may be disclosed to the statutory bodies and non-government service providers involved in this process, as part of the oversight and support functions. All personal information will be handled in accordance with the *Information Privacy Act 2009*.

#### 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:

#### Approval/Consent details

Approval Type:  
Plan Date:  
Approval/Consent By:  
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)
- Premature cessation of Guardianship Appointment (will also cease the approval on the same date)

If option 1 is chosen: Change of Service Outlet within your Agency:

**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)
- Premature cessation of Guardianship Appointment (will also cease the approval on the same date)

The Form will display the **Change of Service Outlet within the Agency** option.

**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:

**Chemical Restraint - Olanzapine**

Update the Service Outlets approved for this Restrictive Practice

Selected	<input type="button" value="Add"/>	Available
<input type="text"/>	<input type="button" value="Remove"/>	Outlet 1 Outlet 2
		<input type="button" value="Back"/> <input type="button" value="Next"/>

1. **Enter Date of Cessation** of existing service outlet and **Effective Date of New Service Outlet**. The effective date is auto-populated but can be manually changed.
2. Remove the outlet from the **Selected** box by selecting the outlet and selecting remove. Add the new service outlet from the right **Available** box by selecting an outlet and selecting add. Click **Next**.

3. You will be taken back to the **Form 6-5** section where you can review and click **Submit**.

### Approval/Consent details

Approval Type: Positive Behaviour Support Plan

Plan Date:

Approval/Consent By:

Approval Date:

Expiry Date:

Cessation Date:

### Appointment of Guardian Details

Guardian Name	Guardian Type	Appointed From	Appointed To	Cessation Date
Office of the Public Guardian	Guardian for RP (General)			

### Service Outlet and Restrictive Practice Details

Service Outlet	Restrictive Practice	Additional Details (if applicable)	From Date	Cessation Date
Outlet 1	Chemical Restraint	Risperidone	2/05/20XX	
Outlet 2	Chemical Restraint	Risperidone	1/01/20XX	1/05/20XX

4. The Declaration process will now commence and a notification will be emailed to the Authorising Agency Officer.

**If option 2 is chosen: Premature cessation of Approval/Consent (i.e. before the natural expiration of the previously notified approval):**

### 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)
- Premature cessation of Guardianship Appointment (will also cease the approval on the same date)



1. The form will display the **Date of Cessation of Restrictive Practice Approval/Consent** option, complete the **Enter the Date of Cessation** field and click on **Next**.

### Approval/Consent details

Approval Type:

Plan Date:

Approval/Consent By:

Approval Date:

Expiry Date:

### Date of Cessation of Restrictive Practice Approval/Consent

Enter Date of Cessation:\*

Back

Next

2. You will be taken back to the **Form 6-5** section where you can review and click **Submit**.

### Service Outlet and Restrictive Practice Details

Service Outlet	Restrictive Practice	Additional Details (if applicable)	From Date	Cessation Date
	Chemical Restraint	Risperidone	1/01/20XX	1/05/20XX

Back

Submit

Cancel

3. The Declaration process will now commence and notification will be emailed to the Authorising Agency Officer.

**If option 3 is chosen: Premature cessation of Guardianship Appointment (will also cease the approval on the same 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)
- Premature cessation of Guardianship Appointment (will also cease the approval on the same date)

Next

Cancel



1. The form will display the **Date of Cessation of Guardianship Appointment** option, complete the **Enter Date of Cessation** field and click on **Next**.

## Guardianship Appointment

### Guardianship Appointment that will be ceased:

Guardian Name	Guardian Type	Appointed From	Appointed To
Office of the Public Guardian	Guardian for RP (General)		

## Date of Cessation of Guardianship Appointment

Enter Date of Cessation:\*

Back

Next

Note: If cessation of the Guardianship Appointment is earlier than the Expiry of Approval, approval will also cease as at that date.

2. You will be taken back to the **Form 6-5** section where you can review and click **Submit**.

## Approval/Consent details

Approval Type: Positive Behaviour Support Plan

Plan Date:

Approval/Consent By:

Approval Date:

Expiry Date:

Cessation Date:

## Appointment of Guardian Details

Guardian Name	Guardian Type	Appointed From	Appointed To	Cessation Date
Office of the Public Guardian	Guardian for RP (General)	1/01/20XX	31/12/20XX	1/05/20XX

## Service Outlet and Restrictive Practice Details

Service Outlet	Restrictive Practice	Additional Details (if applicable)	From Date	Cessation Date
	Chemical Restraint	Risperidone	1/01/20XX	1/05/20XX

Back

Submit

Cancel



3. The Declaration process will now commence and a notification will be emailed to the **Authorising Agency Officer**.

*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.*