

Online Data Collection (ODC): Restrictive Practice Approvals

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

1. Login to **ODC** using the link below with the provided username and password.
<https://secure.disability.qld.gov.au/ngo>

2. In the **Service User Details** section within the Restrictive Practice 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 | |
|---------------------------------------|-------------|---------------------|---------------|-------------|----------------|--------------------|----------|
| PBSP/Respite/CAS Plan | 12 Feb 2019 | xxx | 12 Feb 2019 | 11 Feb 2020 | | Declared | Form 6-5 |
| Short Term Approval | | xxx | 15 Oct 2018 | 12 Apr 2019 | 12 Feb 2019 | Declared | |

Use Form 6-5 Notification of change to a restrictive practice approval (includes cessation) if the details of an existing restrictive practice approval as changed from those previously notified or if a Guardianship Appointment must be ceased prematurely.

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 press **next**.

Queensland Government
Department of Communities, Disability Services and Seniors

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Service User

Online Data Collection > Service User > Service User Details > Form 6-5

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: XXX
 NDIS ID: XXX
 ID (formerly BIS ID): XXX
 First Name: XXX
 Surname: XXX
 Date of Birth: XXX
 Age: XXX
 Gender: XXX
 Service User Declaration Status:

Approval/Consent details

Approval Type: XXX
 Plan Date: XXX
 Approval/Consent By: XXX
 Approval Date: XXX
 Expiry Date: XXX

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

Option 1: 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)

Next Cancel

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

Date of Cessation of Service Outlet/s

Enter Date of Cessation:*

(Reporting instances of use is required up to and including this date)

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 the new Service Outlet/s are address, the effective date of which they start must be entered.

Effective Date at New Service Outlet:

Mechanical Restraint - bodysuit for night time only
Update the Service Outlets approved for this Restrictive Practice

| Selected | Available |
|--|---|
| <input type="text" value="Provider name - Brisbane"/> <input type="button" value="Add"/> <input type="button" value="Remove"/> | <input type="text" value="Agency name - 1 Smith Street"/> <input type="text" value="Agency name - 2 Brown Road"/> <input type="text" value="Agency name - 3 Brick Lane"/> |

Physical Restraint - physical redirection, block from a grab or strike, release from a grab
Update the Service Outlets approved for this Restrictive Practice

| Selected | Available |
|--|---|
| <input type="text" value="Provider name - Brisbane"/> <input type="button" value="Add"/> <input type="button" value="Remove"/> | <input type="text" value="Agency name - 1 Smith Street"/> <input type="text" value="Agency name - 2 Brown Road"/> <input type="text" value="Agency name - 3 Brick Lane"/> |

- 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.
- Remove the ceasing outlet from the **Selected** box and **Add** new **Available** location from the drop down box then click **Next**.
- You will be taken back to the **Form 6-5** section where you can review and click **Submit**.

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Online Data Collection > Service User > Service User Details > Form 6-5

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

Service User Details

| | |
|----------------------------------|-----|
| Agency: | XXX |
| NDIS Id: | XXX |
| ID (formerly BIS ID): | XXX |
| First Name: | XXX |
| Surname: | XXX |
| Date of Birth: | XXX |
| Age: | XXX |
| Gender: | XXX |
| Service User Declaration Status: | XXX |

Approval/Consent details

| | |
|----------------------|-----|
| Approval Type: | XXX |
| Plan Date: | XXX |
| Approval/Consent By: | XXX |
| Approval Date: | XXX |
| Expiry Date: | XXX |
| Cessation Date: | XXX |

Appointment of Guardian Details

| Guardian Name | Guardian Type | AppointedFrom | Appointed To | Cessation Date |
|---------------|---------------|---------------|--------------|----------------|
| | | 18 Apr 2019 | 17 Apr 2021 | |

Service Outlet and Restrictive Practice Details

| Service Outlet | Restrictive Practice | Additional Details (if applicable) | From Date | Cessation Date |
|----------------------------|----------------------|--|-------------|----------------|
| Provider name - Brisbane | Mechanical Restraint | bodysuit for night time only | 12 Feb 2019 | 01 Jun 2019 |
| Provider name - Gold Coast | Physical Restraint | physical redirection, block from a grab or strike, release from a grab | 12 Feb 2019 | 01 Jun 2019 |
| Provider name - Ipswich | Mechanical Restraint | bodysuit for night time only | 02 Jun 2019 | |
| Provider name - Central | Physical Restraint | physical redirection, block from a grab or strike, release from a grab | 02 Jun 2019 | |

8. The Declaration process will now commence and a notification will be emailed to the authorising officer.

Option 2: 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)

9. 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**.

Date of Cessation of Restrictive Practice Approval/Consent

Enter Date of Cessation:

(Reporting instances of use is required up to and including this date)

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

11. The Declaration process will now commence and a notification will be emailed to the authorising officer.

Option 3: 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)

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

Guardianship Appointment

Guardianship Appointment that will be ceased:

| Guardian Name | Guardian Type | AppointedFrom | Appointed To |
|---------------|---------------|---------------|--------------|
| | | 18 Apr 2019 | 17 Apr 2021 |

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.

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

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Online Data Collection > Service User > Service User Details > Form 6-5

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

Service User Details

Agency: XXX
NDIS Id: XXX
ID (formerly BIS ID): XXX
First Name: XXX
Surname: XXX
Date of Birth: XXX
Age: XXX
Gender: XXX
Service User Declaration Status: XXX

Approval/Consent details

Approval Type: XXX
Plan Date: XXX
Approval/Consent By: XXX
Approval Date: XXX
Expiry Date: XXX
Cessation Date: XXX

Appointment of Guardian Details

| Guardian Name | Guardian Type | AppointedFrom | Appointed To | Cessation Date |
|---------------|---------------|---------------|--------------|----------------|
| | | 18 Apr 2019 | 17 Apr 2021 | |

Service Outlet and Restrictive Practice Details

| Service Outlet | Restrictive Practice | Additional Details (if applicable) | From Date | Cessation Date |
|----------------------------|----------------------|--|-------------|----------------|
| Provider name – Brisbane | Mechanical Restraint | bodysuit for night time only | 12 Feb 2019 | 01 Jun 2019 |
| Provider name – Gold Coast | Physical Restraint | physical redirection, block from a grab or strike, release from a grab | 12 Feb 2019 | 01 Jun 2019 |
| Provider name – Ipswich | Mechanical Restraint | bodysuit for night time only | 02 Jun 2019 | |
| Provider name – Central | Physical Restraint | physical redirection, block from a grab or strike, release from a grab | 02 Jun 2019 | |

Back **Submit** Cancel

14. The Declaration process will now commence and a notification will be emailed to the authorising officer.

For further information, visit [RP Contacts and Quick Information Guide](#) in the ODC help resources.