

Online Data Collection (ODC): Restrictive Practice Approvals

How to notify the department of a restrictive practice approval or consent to the use of Restrictive Practices (Form 6-4)

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, click on **Form 6.4: Notification of Approval or Consent to the Use of Restrictive Practices**.



3. Complete **Approval/Consent details** and press **Next**.

Queensland Government
Department of Communities, Disability Services and Seniors

The Online Data Collection

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Form 6-4

When this form is to be used

- By a Relevant Service Provider, after receiving any approval for the user of restrictive practices, at a Service Outlet (Disability Services Act 2006, Section 195).
- After each subsequent review and approval given for the use of restrictive practices.
- To record appointment of, or all changes to, guardianship.

How to complete this form

Under the Disability Services Act 2006 a service outlet means a place at which disability services are provided.

Limited restrictive practice approval means a restrictive practice approval other than:

- a containment or exclusion approval; or
- a short term approval given by the public guardian under the Guardianship and Administration Act 2000, chapter 5B, part 4.

A relevant service provider is required to complete and return this form to the Department of Communities, Disability Services and Seniors within:

- 14 days if the limited restrictive practice approval is a short-term approval and given by the Department of Communities, Disability Services and Seniors or
- 21 days after the consent to use of the restrictive practice is given by either a guardian for restrictive practice (general or respite) matter or an informal decision maker.

This form must be completed with contact details and an electronic declaration.

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
 NCIS 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

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

Select the approval type*

Short Term Approval
 Positive Behaviour Support Plan
 Respite/Community Access Services Plan
 Chemical Restraint (Fixed Dose) as the only Restrictive Practice - Applicable only for Respite.

Who approved or gave consent to the use of Restrictive practice(s)

Approval/Consent By:*

Enter the period of Approval/Consent

Approval Date:*

Expiry Date:*

Next

Note: The online version looks similar to the previous hard-copy format.

4. Click on **Add Restrictive Practice** link

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Form 6-4

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

Restrictive Practices

[Add Restrictive Practice](#)

Restrictive Practice	Additional Details (if applicable)

5. Complete **Restrictive Practices** details. Multiple practices can be added by clicking on the **Add** button.

Restrictive Practices

[Add Restrictive Practice](#)

Restrictive Practice	Additional Details (if applicable)
Restrictive Practice: <input type="text" value="Mechanical Restraint"/>	

Mechanical Device:

If Other, please specify:

- Bed Restraint
- Belt
- Clothing that restricts movement
- Gloves / Mittens
- Head gear
- One piece clothing suit
- Protective clothing
- Seat belt or Harness - other than for safe transport
- Splints
- Wheelchair seat belt
- Other

6. When complete, click on the **Next** button.

Restrictive Practices

[Add Restrictive Practice](#)

Restrictive Practice	Additional Details (if applicable)	
Mechanical Restraint	Bed Restraint	Delete
Restricted Access to Objects	Test object	Delete

7. The next step is to add **Relevant Service Outlet Details**. Select as many locations as required from the available box and click Add. When complete, click on **Next**.

Relevant Service Outlet Details

Mechanical Restraint - Bed Restraint
 Select the Service Outlet/s in this Agency approved for this Restrictive Practice

Selected <div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div>	<input type="button" value="Add"/> <input type="button" value="Remove"/>	Available Agency name - 1 Smith Street Agency name - 2 Brown Road Agency name - 3 Brick Lane
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Restricted Access to Objects - Test object
 Select the Service Outlet/s in this Agency approved for this Restrictive Practice

Selected <div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div>	<input type="button" value="Add"/> <input type="button" value="Remove"/>	Available Agency name - 1 Smith Street Agency name - 2 Brown Road Agency name - 3 Brick Lane
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Containment -
 Select the Service Outlet/s in this Agency approved for this Restrictive Practice

Selected <div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div>	<input type="button" value="Add"/> <input type="button" value="Remove"/>	Available Agency name - 1 Smith Street Agency name - 2 Brown Road Agency name - 3 Brick Lane
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[Add new Restrictive Practice Service Outlet](#)

8. Add details for **Appointment of a Guardian for Restrictive Practices (general or respite)**.

Note: Existing guardian details that overlap with approval dates will be shown otherwise enter new guardian appointment details. Guardian needs to be in place for entire period of approval.

Appointment of a Guardian for Restrictive Practices (general or respite)

The entire period of the Approval/Consent must be covered by one or more Guardian Appointments. If the existing Guardian Appointments do not cover the entire period, you may enter the new Guardian details below. If you proceed without entering new Guardian details, the dates of the Approval/Consent will be modified to align with the existing Guardian Appointment.

Guardian Name	Guardian Type	AppointedFrom	Appointed To	Cessation Date	Declaration Status
Public Guardian		14 May 2018	13 May 2019		Declared

Enter new Guardian Appointment details if required

Guardian Name:

Guardian Type:

Appointed From:

Appointed To:

The Guardian Appointment must cover the entire period of the Restrictive Practice Approval

The Guardian Appointment period cannot exceed two years

When a new Guardian Appointment is entered, if there is an existing Guardian Appointment that extends beyond the Appointed From date of the new appointment, the existing record will be updated with a Cessation Date of the day before the new Appointed From date.

9. The next step is to review, verify and click on **Submit**.

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Form 6-4

Service User Details

Agency: XXX
 NDIS id: XXX
 ID (formerly BTS 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

Appointment of Guardian Details

Guardian Name	Guardian Type	Appointed From	Appointed To	Cessation Date
Public Guardian	Guardian for RP (General)	14 May 2019	13 May 2021	
Public Guardian		14 May 2018	13 May 2019	

Service Outlet and Restrictive Practice Details

Service Outlet	Restrictive Practice	Additional Details (if applicable)
XXX	Containment	
XXX	Mechanical Restraint	Bed Restraint
XXX	Restricted Access to Objects	Test object

Submit Cancel

10. This notification will now be displayed as **Submitted** in the **Restrictive Practice Approvals/Consent** box within the **Service User Details** section.

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	02 Jun 2019	XXX	01 Jun 2019	31 May 2020		Submitted	
PBSP/Respite/CAS Plan	01 May 2018	XXX	27 Aug 2018	26 Aug 2019		Declared	Form 6-5

11. Authorising officers for the service provider agency will receive a notification by email that declaration is required.

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