



Behaviour Support Plan - Comprehensive

Participant name:

Plan details

Behaviour support practitioner:				Practitioner ID:	
Specialist behaviour support provider:					
Start date:	Click or tap to enter a date.	End date:	Click or tap to enter a date.	Review date:	Click or tap to enter a date.
State/Territory:	Choose an item.	Is a short-term approval in place? (SA and QLD only)		Choose an item.	

Important information

This form is approved by the NDIS Quality and Safeguards Commissioner for the purposes of section 23 of the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*. This form seeks to collect information – including personal information – for the purpose of administering and enforcing the *National Disability Insurance Scheme Act 2013* and the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*. Please refer to the Privacy Collection Statement and the NDIS Quality and Safeguards Commission’s Privacy Policy at <https://www.ndiscommission.gov.au/privacy>. The NDIS Commission makes no representations about, and accepts no liability for, the accuracy of information in this document.

Instructions for lodging behaviour support plans

1. Complete the behaviour support plan on a document. You can use your own template or this template.
2. Engage and support the implementing provider(s) as needed in obtaining authorisation.
3. Include details of authorisation under the schedule of restrictive practices.
4. Go to the NDIS Commission’s portal <https://www.ndiscommission.gov.au/>
5. You will need a PRODA account. Once you log in with your PRODA account request access for ‘NQSC BSP Practitioner’. You will receive an email within approximately two business days confirming your approved access.
6. Log in and select the ‘Behaviour Support’ tile. Click on ‘Create plan’ and select interim or comprehensive. Enter the person details, key contacts, details of start and end date of the plan, the providers who will be implementing the restrictive practices, behaviours of concern and the schedule of restrictive practices.
7. Go to ‘attachments’ on the left hand side navigation menu and attach this template.
8. Go to the ‘details’ tab and click on ‘send draft’.
9. Further guidance material about how to lodge the plan is available on our webpage.

Person details

NDIS participant #:	Title:	
First name:	Middle name:	Last name:
Gender:	Date of birth:	Country of birth:
Choose an item.	Click or tap to enter a date.	
Preferred method of contact	Phone number	Email address
How does the person communicate?	Is the person of Aboriginal or Torres Strait Islander origin?	Does the person receive informal decision-making support from family/friends/advocate?
	Choose an item.	
Does the person need a translator?	Which language?	Does the person identify as being from a CALD background?
Guardian appointed by a Tribunal?	Guardian functions:	
Choose an item.		
Type of residence:	Length of time residing at this address:	

Disability details

Disability type: (add more rows below if needed)
Choose an item.
Choose an item.

Participant's current address

	Start date:	Click or tap to enter a date.
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Key contacts (including those consulted as part of developing this plan)

Title:	First name:	Last name:
Person type:	Person consulted, if other:	Consulted date:
Choose an item.		Click or tap to enter a date.
Email:	Phone number:	

Title:	First name:	Last name:
Person type:	Person consulted, if other:	Consulted date:
Choose an item.		Click or tap to enter a date.
Email:	Phone number:	

Title:	First name:	Last name:
Person type:	Person consulted, if other:	Consulted date:
Choose an item.		Click or tap to enter a date.
Email:	Phone number:	

(If additional key contacts are involved, copy and paste another table)

Implementing providers (These are the providers that will be implementing the regulated restrictive practices in this plan. Their details are entered under the "Providers" tab in the portal)

Provider name:	ABN (or registration ID)	Outlet name:
Authorised reporting officer name:	Phone:	Email:

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Authorised reporting officer name:	Phone:	Email:

(If additional implementing providers are involved, copy and paste another table)

Assessments *(attach a copy of the functional behaviour assessment under the Assessments tab in the portal. A comprehensive plan can only be lodged with the NDIS Commission with a functional behaviour assessment. If you do not have one, lodge the plan as an interim behaviour support plan).*

Assessor:	Assessment type:	Report date:
	Functional Behaviour Assessment	Click or tap to enter a date.
		Click or tap to enter a date.
		Click or tap to enter a date.

Behaviours of concern *(copy and paste the table below for each behaviour in this plan)*

Type	Choose an item.
Description	
Frequency / Duration	
Intensity	
Setting events	
Triggers	
Low risk scenarios	
High risk scenarios	
Function of the behaviour	
Functionally equivalent replacement behaviour	
Behavioural goals <i>(these should be observable and measurable and expressed in terms of the functionally equivalent replacement behaviour)</i>	

Formulation

Preventative / environmental strategies *(details of how routine regulated restrictive practices are used should be provided here)*

Skill building / teaching strategies

Reinforcement/motivation

Response strategies *(details of when PRN restrictive practices should be included here as part of an overall planned response following on from positive behaviour support strategies)*

Plan implementation / system supports *(This should identify actions for the implementing provider team that support the implementation of this plan. It should include how will the plan be monitored e.g. through incident reports, data collection and who will be responsible for communicating with the practitioner)*

Restrictive practices schedule

Chemical restraint

- This table is for recording the use of chemical restraint only
- Copy and paste this table for each chemical restraint being used.

Implementing provider business name	Implementing provider service location	Administration type	
		Choose an item.	
Is authorisation required?	Have authorisation and consent been received?	Authorisation and consent received from:	
Choose an item.	Choose an item.	Choose an item.	
Authorisation start date:	Authorisation end date:	Status	
Click or tap to enter a date.	Click or tap to enter a date.	Choose an item.	
<ul style="list-style-type: none"> • Medication information - <u>NOT FOR ADMINISTRATION PURPOSES</u> • Medication should only ever be administered from a current medication chart provided by a medical doctor. Medication information in this plan should not be relied upon, as the type, dosage or frequency may change during the time that this plan is in place. • It is not compulsory to include the details of the medications here, however the details must be entered into the NDIS Commission portal when lodging this behaviour support plan. 			
Drug name:	Dosage:	Unit of measurement:	Conditions / limits of use:
			Choose an item.
Frequency:	Route:	Side effects:	
Prescriber:	Prescriber name:	Date of last review by doctor	
		Click or tap to enter a date.	

Fade out plan *(this should outline how the restrictive practice will be gradually reduced based on when the behavioural goals outlined above are achieved)*

Environmental, Mechanical, Physical or Seclusion

- This table is for recording the use of regulated restrictive practices other than chemical restraint
- Copy and paste this table for each regulated restrictive practice being used

Implementing provider business name	Implementing provider service location	Administration type
		Choose an item.
Restrictive practice type	Sub-type (refer to sub-type list in NDIS Commission portal)	Sub-type if other:
Choose an item.		
Is authorisation required?	Have authorisation and consent been received?	
Choose an item.	Choose an item.	
Authorisation and consent received from:	Authorisation start date:	Authorisation end date:
	Click or tap to enter a date.	Click or tap to enter a date.

Fade out plan (*this should outline how the restrictive practice will be gradually reduced based on when the behavioural goals outlined above are achieved*)

DRAFT

Declaration

I declare that:

- I am duly authorised by the specialist behaviour support provider (as stated in this form) to submit this behaviour support plan.
- I understand that this information is being collected by the NDIS Quality and Safeguards Commission (NDIS Commission) for the purposes of the *NDIS (Restrictive Practices and Behaviour Support) Rules 2018*.
- I have read the NDIS Commission’s NDIS restrictive practices and behaviour support guidance and understand the requirements of registered NDIS Providers in relation to notifying the NDIS Commission of the use of regulated restrictive practices.
- I understand that the NDIS Commission will, if required, use the information to undertake compliance and enforcement activities consistent with the *National Disability Insurance Scheme Act 2013 (the Act)* and any Rules established under the Act.
- I acknowledge the NDIS Commission may share the information contained in the behaviour support plan with relevant Commonwealth, State, and Territory agencies including the Police.
- To the best of my knowledge, the information provided in this behaviour support plan is true, correct and accurate.
- I acknowledge that the giving of false or misleading information to the Commonwealth is a serious offence under section 137.1 of the schedule to the Criminal Code Act 1995.

Practitioner signature	
Practitioner name	
Date	
Job title	

Note: Once assessed under the Positive Behaviour Support Capability Framework, if the practitioner is considered suitable at a ‘core’ level they must be supervised by a practitioner at the ‘proficient’ level. If this plan has been completed by a ‘core’ level practitioner the supervisor must also complete the box below.

Supervisor signature	
Supervisor name	
Date	
Job title	