

Restrictive Practices Consent Form

1 Participant Details

Date of Completion

Participant Name

Date of Birth

Gender

Contact Phone

NDIS ID

Email Address

Residential Address

Suburb

Postcode

Is there a Guardianship and/or Administration order in place? ☐ Yes ☐ No

2 Approval/Consent Details

Name of Parent/Guardian

Relationship to Participant

☐

Parent

☐

Participant

☐

Caregiver

☐

Other

Dates of Consent

Postal Address (if different from above)

3 Appointment of a Guardian for Restrictive Practices

Guardian for RP Guardian Name

Appointed From

4 What Restrictive Practices have been Approved/Consented to?

	Containment	Seclusion	Chemical Restraint
Type of Restrictive Practice	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reporting Abuse, Neglect and Exploitation Form

Restricted Access:

☐ Yes ☐ No

Item or Location

Mechanical Restraint:

☐ Yes ☐ No

Device

Physical Restraint:

☐ Yes ☐ No

Device

5 Provider Details

Provider Name

Provider Reference

Address

Suburb

Postcode

6 Declaration

Individualised Community Access Services (ICAS)

trading out of

PO Box 203, North Lakes QLD 4509

Telephone: 0499 994 987

Email: support@icasau.com

Does hereby declare that all information supplied herein is true at the time of this notification.

Dated this day of _____

Name: _____

Position: _____

Signature

Sign off should be by the person who has the appropriate authority to sign on behalf of the ICAS