

For office use only	
Case number and type:	
Date:	
Registry:	

## Report to the Tribunal about restrictive practices

The information contained in this report is provided for the purposes of a hearing to be conducted by QCAT.

An appointment of a guardian for a restrictive practice matter may only be made if, amongst other things, the Adult's behaviour has previously resulted in harm to the Adult or others, there is a need for a decision to be made and there is evidence that without an appointment the Adult's behaviour is likely to cause harm to the Adult or others.

A guardian for restrictive practices may give consent to the use of a restrictive practice by a service provider in compliance with a positive behaviour support plan for the Adult if the guardian is satisfied of particular matters provided for in the legislation.

Part A ADULT DETAILS			
<b>Name</b>			
Title	Given name/s	Middle name/s	Surname/Family name
<b>Client number:</b>			
<b>Date of birth</b>	/	/	
	Date	Month	Year
<b>Address</b>			
<hr/>			
<b>Suburb</b>	<b>State/Territory</b>		<b>Postcode</b>
<b>Email</b>			
<b>Telephone</b>			
Mobile phone		Daytime phone	
<b>What type of accommodation is this? (family home, own home, supported)</b>			

**Part B**

**CURRENT TREATING HEALTH CARE PROFESSIONAL/S**

Provide contact details of the Adult's current treating health care professional/s.

**Name**

Title

Given name/s

Surname/Family name

**Address**

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Suburb

State/Territory

Postcode

**Email**

**Telephone**

Mobile phone

Daytime phone

**Name**

Title

Given name/s

Surname/Family name

**Address**

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Suburb

State/Territory

Postcode

**Email**

**Telephone**

Mobile phone

Daytime phone

**Name**

Title

Given name/s

Surname/Family name

**Address**

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Suburb

State/Territory

Postcode

**Email**

**Telephone**

Mobile phone

Daytime phone

**Part C**

**CURRENT DIAGNOSES**

**What is the cause of the Adult's impaired capacity?**


**Has there been any change in the Adult's ability to make decisions since the last hearing?**

Yes

No

**If yes, please provide details:**


**Does anyone support the Adult in making decisions?**

Yes

No

**If yes, who provides the support and what decisions can the Adult make with support?**


Part D

**CURRENT SERVICES**

**1. At home**

What services does the Adult currently receive in the home?

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**Please provide contact details below** (*photocopy or print this page as many times as needed for additional service providers*):

**Contact details:**

Name of service provider

Full postal address \_\_\_\_\_

Suburb

State/Territory

Postcode

Email

Telephone

*Mobile phone*

*Daytime phone*

**Contact details:**

Name of service provider

Full postal address \_\_\_\_\_

Suburb

State/Territory

Postcode

Email

Telephone

*Mobile phone*

*Daytime phone*

**Contact details:**

Name of service provider

Full postal address \_\_\_\_\_

Suburb

State/Territory

Postcode

Email

Telephone

*Mobile phone*

*Daytime phone*

## 2. Outside the home

What services does the Adult currently receive outside the home?

**Please provide contact details below** (*photocopy or print this page as many times as needed for additional service providers*):

**Contact details:**

Name of service provider

Full postal address \_\_\_\_\_

Suburb

State/Territory

Postcode

Email

Telephone

*Mobile phone*

*Daytime phone*

**Contact details:**

Name of service provider

Full postal address \_\_\_\_\_

Suburb

State/Territory

Postcode

Email

Telephone

*Mobile phone*

*Daytime phone*

**Which service provider is seeking consent for the use of Restrictive Practices?**

**Is there an NDIS plan?**

Yes

No

**When was the plan last reviewed?**



Part F

**GUARDIAN'S DETAILS**

Name

*Title*

*Given name/s*

*Surname/Family name*

Full postal address \_\_\_\_\_

Suburb

State/Territory

Postcode

Email

Telephone

*Mobile phone*

*Daytime phone*

Relationship to the Adult

Date of your appointment

/ /

*Date*

*Month*

*Year*

**For which restrictive practices have you given consent?**

Chemical restraint

Yes

No

Physical restraint

Yes

No

Mechanical restraint

Yes

No

Restricting access to an object

Yes

No

Date of the latest Positive Behaviour Support Plan (PBSP)?

/ /

*Date*

*Month*

*Year*

Provide details of each consent you have given for the use of a restrictive practice in accordance with that PBSP?

Date of approval

/ /

*Date*

*Month*

*Year*

For what period have you given consent?

**Part F**

**GUARDIAN'S DETAILS** *(continued)*

How often did you visit/have contact with the Adult since you were appointed?


What difficulties have you had in doing your job as guardian?


Is there a need for an appointed guardian for restrictive practices?

Yes

No

If yes, who should be the guardian?


**Part G**

**CONTACT DETAILS OF FAMILY MEMBERS/CLOSE FRIENDS**

List the contact details of any family members/close friends.

<b>Name</b>	<b>Relationship to the Adult</b>	<b>Contact number</b>



## Part H FAMILY AND FRIENDS INVOLVEMENT

How have family and friends been involved in making decisions affecting the Adult?


## Part I FURTHER COMMENTS

Do you wish to make any further comments?


## ACCESS TO INFORMATION

Active parties in a proceeding have a right to access documents and information provided to the Tribunal that are relevant to an issue in the proceeding. Only a confidentiality order made by the Tribunal may displace this right. A confidentiality order may only be made if the Tribunal is satisfied that an order is necessary to avoid:

- serious harm to a person, or
- injustice to a person.

If you consider that a confidentiality order is necessary to avoid serious harm or injustice to a person, you will need to apply to the Tribunal for a confidentiality order. Information about confidentiality orders, other limitation orders and guardianship and administration factsheets are available on the QCAT website at [qcat.qld.gov.au](http://qcat.qld.gov.au) or call the QCAT registry on 1300 753 228.

## WARNING

Section 216 of the *Queensland Civil and Administrative Tribunal Act 2009* makes it an offence for a person to knowingly give the registry documents containing false or misleading information. Maximum penalty for such an offence – 100 penalty units.

## Sign and date here

The information in this application is true to the best of my knowledge.

Guardian/s sign here

Date

Print your name/s here

## Lodgement Details

Deliver to:	Mail to:	Email to:
Queensland Civil and Administrative Tribunal Floor 11, 259 Queen Street Brisbane Qld 4000 OR at any local Magistrates Court	Queensland Civil and Administrative Tribunal GPO Box 1639 Brisbane Qld 4001	<a href="mailto:enquiries@qcat.qld.gov.au">enquiries@qcat.qld.gov.au</a>