NDIS Provider Service

Request for Specialist Behaviour Support

Address: 476 Kooyong Road, Caulfield South VIC 3162
NDIS Coordinator phone number: (03) 9834 9358
Email: BethlehemNDIS@calvarycare.org.au

U.R. Number
Surname
Other names
D.O.B

Instructions for completing this form:

This form is required for all Specialist Behaviour Support referrals. Please submit this form in addition to the CHCB NDIS Request for Supports Form and submit via email to BethlehemNDIS@calvarycare.org.au

This from will help us to determine if we can support the participant's goals.

This form will be scanned into the participant's CHCB medical record Information in this form will be kept private and confidential and only used for the purpose of accessing and setting up supports.

Person completing form: Date:

NDIS Participant Details

First name: Surname:

Date of birth:

Provision of NDIS specialist behaviour support is subject to legislative oversight.

The information requested below is critical for us to be able to proceed with reviewing your request for service.

IMPORTANT: If the participant does not directly liaise with the NDIS regarding their supports, who is the participant's plan nominee who will be endorsing us as the specialist behaviour support provider on the new PACE billing system?

No services will be able to be provided without PACE endorsement.

Name of NDIS plan nominee:
Email:
Phone:

OR

☐ No plan nominee as participant is able to independently liaise with NDIS regarding service provision.

Does the participant have Improved Relationships funding in their plan?

Yes ☐ No ☐

NDIA Managed ☐ Plan Managed ☐ Self-managed ☐

If yes, please provide details:

Specialist Behavioural Intervention Support ·	Amount: $
Behaviour Management Plan Including Training in Behaviour Management Strategies	Amount: $

*If no, is there at least 20 hours of Improved Daily Living funding available for assessment and a report to advocate for Improved Relationships funding in the future?

Yes ☐ No ☐

Is the participant a current patient with Calvary's Statewide Progressive Neurological Disease Service?

Yes ☐ No ☐

*If no, please provide the contact details for the participant's treating neurologist and/or psychiatrist:

Name of neurologist: Email: Phone: Clinic name:
Name of psychiatrist: Email: Phone: Clinic name:

Has the participant received NDIS funded specialist behaviour support from another provider?

Yes ☐ No ☐

*If yes, please provide the contact details for the participant's previous behaviour support practitioner:

Name of behaviour support practitioner : Email: Phone: Clinic name:

Please list the participant's current regular and PRN (as needed) medications.

Medication name	Purpose	Dose	Regular or PRN?

If the participant resides in a specialist disability accommodation (SDA) or a residential aged care facility (RACF) is the accommodation provider module 2A registered?

Yes ☐ No ☐

If yes, please provide the contact details for the Authorised Program Officer (APO):

Name of APO: Email: Phone:

If the participant is supported in the home by support workers, are the support workers from an agency that is module 2A resgistered?

Yes ☐ No ☐

If yes, please provide the contact details for the Authorised Program Officer (APO):

Name of APO: Email: Phone:

Do the implementing providers (i.e., SDA, RACF or support worker agencies) agree that they will pay their staff who are working with the participant to attend client-specific training in implementing a behaviour support plan?

Yes ☐ No ☐

Is the participant subject to any of the following regulated restrictive practices (tick all that apply)?

Restrictive Practice	Yes	No	Unknown
Preventing/limiting/controlling the participant's access to:- ○ Cigarettes ○ Alcohol ○ Food ○ Drinks (coffee/caffeinated drinks etc.) ○ Other	☐	☐	☐
Substitution of items without disclosure (e.g., caffeine free coffee/coke)	☐	☐	☐
Limitation on access to computer/internet/phone	☐	☐	☐
Inability to leave the property/locks or keypad on front doors (when otherwise physically/cognitively able to leave without support)	☐	☐	☐
Limited access to parts of home (e.g. communal/outdoor areas)	☐	☐	☐
Limits on access to money/cupboards/fridges/personal items	☐	☐	☐
Monitoring devices/cameras	☐	☐	☐
Physical restraint to prevent, restrict or subdue movement of a person's body, or part of their body, for the primary purpose of influencing their behaviour.	☐	☐	☐
Physical restraint when agitated (e.g. holding a person down) or to avoid risk/hazard	☐	☐	☐

Thank you for providing this information.

Please contact us if you have any questions regarding the form.