

OFFICE OF THE SENIOR PRACTITIONER

POSITIVE BEHAVIOUR SUPPORT PANEL CONSENT

The Positive Behaviour Support (PBS) Panel Consent is used to acknowledge that the Plan Author has consulted with you and any third party in the development of your plan and that you or a third party gives consent for your information and plan to be shared through ACTRIDS.

You do not have to give permission if you do not want to share your information.

A third party is a person or organisation, such as your legal representative or other advocate. This Consent Form should be completed and signed by all parties and should be attached with the Positive Behaviour Support Plan on ACTRIDS.

1: Person who is subject of the Positive Behaviour Support Plan		
First Name:	Last Name:	Date of birth:
2: PBS Plan Author		
I have consulted as appropriate with the person, their family, carers, any guardian or advocate and relevant service providers in the development of this PBS plan under the <i>Senior Practitioner Act 2018, Section 12</i> :		
First Name:	Last Name:	Organisation:
NDIS PBS Plan Registration Number (if applicable)		
Signature		
3: Person/Parent/Guardian (please check all boxes) <input checked="" type="checkbox"/>		
I hereby give my consent for the provider to submit this PBS Plan through ACTRIDS to:		
<input type="checkbox"/> PBS Panel (all plans that include restrictive practices)		
<input type="checkbox"/> The Senior Practitioner (all approved plans that include restrictive practices)		
<input type="checkbox"/> NDIS Commission (for all NDIS participants) (all registered plans)		
<input type="checkbox"/> Public Advocate (for all children and young people) (all registered plans)		
Under S22 and S14 of the <i>Senior Practitioner Act, 2018</i> .		
First Name:	Last Name:	Relationship to the person:
Signature		

4: Consent and Declaration from the Implementing Service Provider (please check all boxes) ☒

I hereby give my consent for:

- the Senior Practitioner to access to the plan on ACTRIDS (all approved plans that include restrictive practices) for registration
- for this application for plan registration to be made on my behalf.
- ACT Public Advocate (for all children and young people) (all registered plans) – unless they are allocated Under S22 and S14 of the *Senior Practitioner Act, 2018*.

I hereby:

- Confirm my understanding that, under section 10 of the *Senior Practitioner Act 2018*, a service provider must not use a restrictive practice on a person other than in accordance with a registered positive behaviour support plan.
- Confirm that I understand it remains my responsibility to keep the registered PBS Plan under review and take steps to have it amended whenever necessary, to reflect a change in circumstances or on request of the person who is the subject to the plan (section 17 of the *Senior Practitioner Act 2018*).
- Confirm that I understand that I am required to (a) monitor and make a record of any use of restrictive practices under the plan; and (b) notify the Senior Practitioner about the use of restrictive practices in accordance with guidelines issued by the Senior Practitioner (section 20 of the *Senior Practitioner Act 2018*).
- Confirm that the information contained on this form is accurate and complete and is provided to the Senior Practitioner for registration under Section 15(5) of the *Senior Practitioner Act 2018*.

First Name:	Last Name:	Organisation:
Signature		