

**FORM A: Positive Behaviour Support (PBS) Panel Application**

To be completed by plan author  
Email completed form to: [actseniorpractitioner@act.gov.au](mailto:actseniorpractitioner@act.gov.au)

**Note: Only PBS Plans that contain restrictive practices are required to be sent to a PBS panel.**

General information			
Date of application			
Date of panel (if known)			
Provider type	<input type="checkbox"/> Disability Service <input type="checkbox"/> Education <input type="checkbox"/> Education and Care <input type="checkbox"/> Care & protection of		
A1: Person who is subject of the PBS Plan			
Name		Date of birth	
NDIS participant number	(If applicable)		
Is the person of Aboriginal or Torres Strait Islander Origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander		
Street Address			
Suburb		Post code	
A2: Parent/Guardian of the person who is subject of the Plan			
Name			
Relationship to person			
Street Address			
Suburb		Post code	
Email			
A3: Plan author/submission to Panel completed by			
Name		Position	
Organisation		Email	
A4: Service Provider/s implementing restrictive practice/s			
1) Manager's Name		Email	
Organisation			
2) Manager's Name		Email	
Organisation			

## PBS Panel Consent

<b>A5: Consent from plan author</b> 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>	
<b>Name</b>	
<b>Organisation</b>	
<b>Signature</b>	
<b>A6: Consent from the Person/Parent/Guardian (please check all boxes) <input checked="" type="checkbox"/></b> I hereby give my consent for the provider to forward this PBS Plan 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>	
<b>Name</b>	
<b>Relationship to the person</b>	
<b>Signature</b>	
<b>A7: Consent from the Service Provider (please check all boxes) <input checked="" type="checkbox"/></b> I hereby give my consent for: <input type="checkbox"/> the plan author to forward this Plan to the PBS Panel (all plans that include restrictive practices) for approval <input type="checkbox"/> the PBS Panel and/or plan author to give a copy of the Plan to the Senior Practitioner (all approved plans that include restrictive practices) for registration <input type="checkbox"/> ACT Public Advocate (for all children and young people) (all registered plans) Under S22 and S14 of the <i>Senior Practitioner Act, 2018.</i>	
<b>Name</b>	
<b>Organisation</b>	
<b>Signature</b>	

**MANDATORY elements to be included in PBS plan**

As outlined in the Senior Practitioner Act		
<b><u>PART ONE</u> Building on the person's strengths and increasing their life skills</b>		
Plan Start Date		
Plan End Date		
<input type="checkbox"/>	Overview of person's biopsychosocial strengths and needs (such as health, routine, relevant history)	
<input type="checkbox"/>	Replacement behaviour and skills to be taught	
<input type="checkbox"/>	Environmental supports	
<input type="checkbox"/>	Staff supports	
<input type="checkbox"/>	Communication /sensory supports	
<b><u>PART TWO</u> Reducing the behaviour of concern</b>		
<input type="checkbox"/>	Description of behaviour of concern including frequency, intensity and duration	
<input type="checkbox"/>	Background to behaviour of concern including antecedents, triggers	
<input type="checkbox"/>	Identified consequences of behaviour of concern	
<b><u>PART THREE</u> Detail of EACH restrictive practice/s (add other if more than one type of specific restrictive practice)</b>		
Restrictive Practice/s	Description of restrictive practice	Implementation provider
<input type="checkbox"/> Seclusion		
<input type="checkbox"/> Physical restraint		
<input type="checkbox"/> Environmental restraint		
<input type="checkbox"/> Chemical restraint	Attach medication use form	
<input type="checkbox"/> Mechanical restraint		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<b>Detailed summary/ protocol for each proposed restricted practice</b>		
<input type="checkbox"/>	Positive strategies to be used prior to using restrictive practice	
<input type="checkbox"/>	Rationale for the use of the restrictive practice	
<input type="checkbox"/>	Circumstances in which the restrictive practice is to be used	
<input type="checkbox"/>	Procedure for using the restrictive practice including observations and monitoring	
<input type="checkbox"/>	Implementation instructions for staff	
<input type="checkbox"/>	Schedule of review of the restrictive practice	
<input type="checkbox"/>	Fade out/ reduction of restrictive practice strategies	
<input type="checkbox"/>	De-escalation and debriefing strategies	

Please see the Senior Practitioner Plan and Panel Guidelines for more information

<https://www.communityservices.act.gov.au/quality-complaints-and-regulation/office-of-the-senior-practitioner/guidelines>