

Form 6-1: Application for the review of a decision:

When this form is to be used

This form is to be completed by an interested person (e.g., the adult, a relevant service provider or a guardian or informal decision maker for the adult) who wants one of the following decisions to be reviewed:

- a decision not to conduct a multidisciplinary assessment (*Disability Services Act 2006*, Section 157) for an adult with an intellectual or cognitive disability, or
- a decision not to develop a positive behaviour support plan (*Disability Services Act 2006*, Section 158) for an adult with an intellectual or cognitive disability.

How to complete this form

If a review of a relevant decision is requested, an interested person should complete and return Form 6-1 to the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (the department) within 28 days of receiving a decision notice. Please:

1. Complete all sections of this application.
2. Print clearly, use BLOCK letters and indicate with a tick where required.
3. Ensure that you have completed and signed Part D – Declaration on page 3.
4. Return the application (3 pages), along with supporting documentation, to the Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships within 28 days of receiving a decision notice.

Your privacy

The information on this form is being collected so the department can provide oversight and support in relation to the development, approval and use of positive behaviour support plans and restrictive practices. The information collection is authorised by the *Disability Services Act 2006*. Information may be disclosed to statutory bodies and non-government service providers involved in this process, as part of the oversight and support functions. All personal information will be handled in accordance with the *Information Privacy Act 2009*.

Decision review process

Within 28 days of receiving this application, the Chief Executive will review the original decision and make a review decision that will:

- confirm the relevant decision or;
- amend the relevant decision or;
- substitute another decision for the relevant decision.

The interested person will be advised in writing of:

- the review decision, and
- the reasons for the review decision.

PART A — Decision to be reviewed

Not to proceed with a multidisciplinary assessment

Not to proceed with the development of a positive behaviour support plan

PART B — Details of the Adult

Last Name		First Name			
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	NDIS Number	
Address					

PART C — Reasons for the application: (Please state the outcome you seek from this review. Under Section 187 of the *Disability Services Act 2006*, you must provide enough information to support your application and to enable the Chief Executive to make an informed decision on the application. If there is insufficient space for all the requested information, please attach additional pages, each of which must also be signed by the applicant.)

Part D – Declaration

I/We declare that all information supplied in this application is true to the best of my/our knowledge.

Name	
Position	
Registered name of Association or Company	
Address of Applicant	
Telephone number(s)	
Email Address:	

Signature:

Date :

For organisations, sign off should be by the person who has the appropriate authority to sign on behalf of the company or association.

Once completed, send form to:

Post: Director Positive Behaviour Support & Restrictive Practices

Email: enquires_rp@dssatsip.qld.gov.au

Please check the [Contact information](#) section of the Positive Behaviour Support website for the latest details.