Department of Families, Seniors, Disability Services and Child Safety

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 Families, Seniors, Disability Services and Child Safety (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 within 28 days of receiving a decision notice.

Your privacy

The information on this form is being collected so the Department of Families, Seniors, Disability Services and Child Safety (the department) can provide oversight and support in relation to the development, approval and use of positive behaviour support plans and restrictive practices.

The collection of this information is authorised by the *Disability Services Act 2006* (Qld). Information may be disclosed to statutory bodies and non-government service providers involved in this process, as part of the oversight and support functions.

If this information is not provided to the department, it may not be possible for them to decide about the authorisation of the use of the restrictive practice/s.

The department is committed to handling all personal information in accordance with the *Information Privacy Act 2009* (Qld) and the Queensland Privacy Principles (QPPs).

Your personal information will not be transferred overseas.

The department's Privacy Policy contains information about:

- how people can access their personal information held by the department,
- how people can seek correction of their personal information if it is inaccurate, out of date, incomplete, irrelevant or misleading, and
- how people can make a complaint about a breach of the QPPs and how the department will deal with their complaint.

More information about how the department handles personal information, including the department's Privacy Policy is available on our website. If you would like to discuss how the department handles personal information further, please contact RPO_restrictivepracticeapprovals@dcssds.qld.gov.au.

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**	☐ Male	☐ 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.

Return your completed form to *enquires_rp@qld.gov.au*.

For further information:

Please visit our 'Resources' page for fact sheets, frequently asked questions and policies and procedures.

If you would like to speak to a member of our unit, please visit our 'Contact Information' page.