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| Name of the adult |  |
| Service Provider |  |
| Date of plan |  |

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| Section 1: Adult’s details |
| NDIS ID | Address |
|  |  |
| Gender | Date of birth: | Country of birth: |
|  |  |  |
| Phone number | Is this the adult’s own phone? |
|  | YES/NO (delete as applicable) |
| Email address | Is this the adult’s own email? |
|  | YES/NO (delete as applicable) |
| Type of residence | Length of time at this address |
|  |  |
| Does the adult identify as Aboriginal or Torres Strait Islander?  | Does the adult identify as being from a CALD background? |
| Yes / No | Yes / No |

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| Section 2: Assessor’s details |
| Name | Profession |
|  |  |
| Phone number | Email address |
|  |  |
| Assessor’s Qualifications  |
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| Section 3: Communication |
| How does the adult communicate? |
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| Section 4: Decision Making |
| Does the person receive informal decision-making support? Yes / No | If ‘Yes’ please complete contact details |
| Name(s): | Contact details: |
| Does the person have a QCAT appointed Guardian? Yes / No | If ‘Yes’ please include details about what they are appointed for / duration of appointment etc. |
| Name(s): | Appointment details: |

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| --- | --- | --- |
| Section 5: People consulted in relation to this plan |  |  |
| Name | Relationship to the adult | Contact details | Date consulted | Given copy of plan? |
|  | **The Adult** |  |  | Yes/no |
|  |  |  |  | Yes/no |
|  |  |  |  | Yes/no |
|  |  |  |  | Yes/no |
|  |  |  |  | Yes/no |
|  |  |  |  | Yes/no |
| Views of people consulted |
|  |

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| Section 6: Skills assessment |
| Date of assessment |  |
| Details of the assessment process |
| *Please describe how the adult was assessed in relation to the following skill deficits and the outcomes of these assessments:*1. *The adult lacks road safety skills*
2. *The adult is vulnerable to exploitation or abuse by others*
3. *The adult is unable to find their way back to the premises*
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| Section 7: The strategies that will be used to develop the adult’s skills in order to reduce the need to lock the gates, doors or windows |
| Skill development strategy 1: |
| *Please outline what strategies will be used to develop the adult’s skills, how success will be measured, and when the skill development activity will be reviewed.* |
| Skill development strategy 2: |
| *Please outline what strategies will be used to develop the adult’s skills, how success will be measured, and when the skill development activity will be reviewed.* |

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| Skill development strategy 3: |
| *Please outline what strategies will be used to develop the adult’s skills, how success will be measured, and when the skill development activity will be reviewed.* |
|  |
| *Please add more strategy boxes as required* |

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| Section 8: Locking the gates, doors or windows |
| The circumstances in which the gates, doors or windows will be locked  |
|  |
| An explanation of why locking the gates, doors or windows is the least restrictive way of ensuring the safety of the adult |
|  |
| The procedure for using locked gates, doors or windows, including observations and monitoring that must happen to ensure the adult is safeguarded from abuse, neglect and exploitation  |
|  |
| A description of the anticipated positive and negative effects on the adult of locking the gates, doors or windows |
| Positive: |
| Negative: |
| A description of the negative effects of locking the gates, doors or windows on any cotenants, and how these will be managed. |
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| Section 9: Review |
| *Please document intervals at which this plan will be reviewed:* |
| Section 10: Endorsement |
| Name |  |
| Position |  |
| Signature | Date |
|  |  |

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| Section 11: Approval |
| Name |  |
| Position |  |
| Signature | Date |
|  |  |