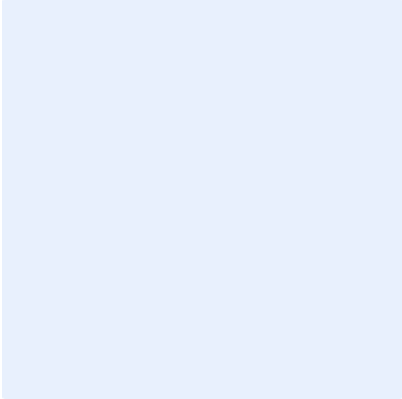


Personal Information

Full Name:		Date Completed:			
Date of Birth:		Photo:			
Gender:					
CIRTS ID:					
NDIS Participant ID:					
Address:					
State:				Postcode:	
Phone:					
Email Address:					
Relevant Health Conditions / Diagnosis					

Would you like to share anything about your cultural identity or ethnicity?	<input type="checkbox"/> Yes → Answer the questions below <input type="checkbox"/> No → Continue to next section		
What is your cultural identity or ethnicity?			
Do you identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your preferred language (if not English)?		Interpreter Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Cultural Support Plan?	<input type="checkbox"/> Yes → Continue to next section <input type="checkbox"/> No → Answer the next question		
What important beliefs do you have? What traditions, customs or celebrations would you like to participate in? How can we best support you to do this?			

Key Contacts / Important Contact Information

First Key Contact Consent to speak with LWB on the person's behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Name			
	Relationship			
	Address			
	Phone Number			
	Email			
Second Key Contact Consent to speak with LWB on the person's behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Name			
	Relationship			
	Address			
	Phone Number			
	Email			
Do you have an Authorised Decision Maker who can make decisions on your behalf? <input type="checkbox"/> Yes – please provide their details <input type="checkbox"/> No Select which applies:	Functions			
	Full Name			
	Position/Service			
	Phone Number			
	Email			
	<input type="checkbox"/> My appointed guardian	<input type="checkbox"/> My person responsible	<input type="checkbox"/> Other	
Do you have an Authorised Financial Decision Maker (AFDM) who manages your finances? <input type="checkbox"/> Yes – please provide their details <input type="checkbox"/> No	Full Name			
	Position/Service			
	Phone Number			
	Email			

<p>Do you have a Behaviour Support Practitioner?</p> <p><input type="checkbox"/> Yes – please provide their details</p> <p><input type="checkbox"/> No</p>	Full name	
	Organisation	
	Phone Number	
	Email	
<p>Do you have an NDIA or LAC Planner?</p> <p><input type="checkbox"/> Yes – please provide their details</p> <p><input type="checkbox"/> No</p>	Full name	
	Organisation	
	Phone Number	
	Email	
<p>Do you have a Plan Nominee?</p> <p><input type="checkbox"/> Yes – please provide their details</p> <p><input type="checkbox"/> No</p>	Full name	
	Organisation	
	Phone Number	
	Email	
<p>Do you have a Plan Manager?</p> <p><input type="checkbox"/> Yes – please provide their details</p> <p><input type="checkbox"/> No</p>	Full name	
	Agency	
	Phone Number	
	Email	
<p>Do you have a Self-Managing Nominee, helping you self-manage your plan?</p> <p><input type="checkbox"/> Yes – please provide their details</p> <p><input type="checkbox"/> No</p>	Full Name	
	Phone Number	
	Email	
<p>Do you have a Support Coordinator?</p> <p><input type="checkbox"/> Yes – please provide their details</p> <p><input type="checkbox"/> No</p>	Full name	
	Organisation	
	Phone Number	
	Email	

Support Network	Name	Relationship	Phone number
Include names and contact details of other within the person's support network (if needed)			

Medical and Allied Health Professionals

Add extra rows as required, by clicking in the bottom row and selecting the + on the right hand side.

Contact Type	Name	Email	Phone
General Practitioner			
Address:			
Dentist			
Address:			
Address:			
Address:			

Regular Day Location

Contact details of regular day location e.g., Work, Lifestyle Supports Centre, School			
<input type="checkbox"/> N/A	Description	<input type="checkbox"/> Work	<input type="checkbox"/> School <input type="checkbox"/> Lifestyle Support Centre <input type="checkbox"/> Other
Name of Location:		Phone:	
Address:			

Support Requirements

High Intensity Daily Personal Activities (HIDPA)				<input type="checkbox"/> N/A
<input type="checkbox"/>	Complex Bowel Care	<input type="checkbox"/>	Severe Dysphagia	
<input type="checkbox"/>	Complex Wound Care	<input type="checkbox"/>	Spinal Injury – Autonomic Dysreflexia	
<input type="checkbox"/>	Enteral Feeding	<input type="checkbox"/>	Subcutaneous Injections	
<input type="checkbox"/>	Emergency Seizure Medication Administration	<input type="checkbox"/>	Tracheostomy Support	
<input type="checkbox"/>	Non-Invasive Ventilator Support	<input type="checkbox"/>	Urinary Catheter Support	

Positive Behaviour Support			<input type="checkbox"/> N/A
Support Plan? <input type="checkbox"/> Yes →	Name of plan:		
If the Behaviour Support Plan contains a Restricted Practice, Restricted Practice Authorisation (RPA) must be gained. Refer to the NDIS LWB 5801 Implementing Behaviour Support - Procedure			

Alerts			<input type="checkbox"/> N/A
Allergy Alert	<input type="checkbox"/> Yes – Refer to the person’s Allergy Action Plan developed by an AQHP	<input type="checkbox"/> N/A	
Dysphagia Alert	<input type="checkbox"/> Yes – Refer to the NDIS LWB 5517 My Meals My Way - Procedure and the person’s Mealtime Management Plan developed by an AQHP.	<input type="checkbox"/> N/A	
Do Not Resuscitate Plan	<input type="checkbox"/> Yes – Refer to the NDIS LWB 5574 Palliative Care Plan	<input type="checkbox"/> N/A	
Polypharmacy	<input type="checkbox"/> Yes – Refer to the NDIS LWB 5402 Medication Administration - Practice Guide	<input type="checkbox"/> N/A	

Areas of Support

Indicate the areas for which the person requires support from LWB. If they have a plan in place for the support requirement, provide the name of the plan. If they require support but do not have a support plan, provide details of their preferences for how LWB staff can assist them and ensure an appropriate support plan is developed. Where the person does not require support with the activity, select the N/A option in the blue bar. All support plans must be saved in CIRTSS.

Personal Care (e.g., Dressing/Undressing, Toileting, Showering, Hygiene, Grooming)?		<input type="checkbox"/> N/A
Support Plan	<input type="checkbox"/> Yes → <u>Name of Plan:</u>	
	<input type="checkbox"/> No → <u>Support Requirements:</u>	
Eating and Drinking		<input type="checkbox"/> N/A
Support Plan	<input type="checkbox"/> Yes → <u>Name of Plan:</u>	
	<input type="checkbox"/> No → <u>Support Requirements:</u>	
Transfers, Repositioning and Mobility (TRAM)		<input type="checkbox"/> N/A
Support Plan	<input type="checkbox"/> Yes → <u>Name of Plan:</u>	
	<input type="checkbox"/> No → <u>Support Requirements:</u>	
Health Care (e.g., diabetes, Epilepsy, Asthma)		<input type="checkbox"/> N/A
Support Plan	<input type="checkbox"/> Yes → <u>Name of Plan:</u>	
	<input type="checkbox"/> No → <u>Support Requirements:</u>	
Palliative Care		<input type="checkbox"/> N/A
Support Plan	<input type="checkbox"/> Yes → <u>Name of Plan:</u>	
	<input type="checkbox"/> No → <u>Support Requirements:</u>	
Mental Health		<input type="checkbox"/> N/A
Support Plan	<input type="checkbox"/> Yes → <u>Name of Plan:</u>	
	<input type="checkbox"/> No → <u>Support Requirements:</u>	
Support Requirement		
Support Plan	<input type="checkbox"/> Yes → <u>Name of Plan:</u>	
	<input type="checkbox"/> No → <u>Support Requirements:</u>	

Communication

Communication		<input type="checkbox"/> N/A
Support Plan?	<input type="checkbox"/> Yes → Name of Plan:	
	<input type="checkbox"/> No → Answer the questions below	
Do you use any communication tools or systems e.g. signing, communication books, cards, devices, apps, communication dictionary, communication profile etc.?	<input type="checkbox"/> No → Continue to Communication Dictionary	
	<input type="checkbox"/> Yes → <u>Tools used:</u>	
Communication Dictionary – if a Communication Dictionary does not already exist, and if relevant, complete details below to assist staff to understand your expressive communication. Add extra rows by clicking in the bottom row and selecting the + on the right hand side)		<input type="checkbox"/> N/A
When I	It means	And you should

Transport

Transport		<input type="checkbox"/> N/A
Does the person require LWB to provide transport e.g. to appointments, to go shopping, to access the community?	<input type="checkbox"/> No → Continue to the next section <input type="checkbox"/> Yes → Answer the following questions	
Does the person have any positive behaviour support needs related to transport?	<input type="checkbox"/> No → Continue to the next question <input type="checkbox"/> Yes If YES – does the person have a Positive Behaviour Support Plan? <input type="checkbox"/> No → A Positive Behaviour Support Plan that includes strategies for safe transport must be developed and provided to LWB. <input type="checkbox"/> Yes If YES – does the Positive Behaviour Support Plan include strategies for safe transport? <input type="checkbox"/> No → The Positive Behaviour Support Plan must be reviewed and updated to include strategies for safe transport and provided to LWB. <input type="checkbox"/> Yes → <u>Name of plan</u> :	
Does the person have any mobility support needs related to transport?	<input type="checkbox"/> No → Continue to the next question <input type="checkbox"/> Yes If YES – does the person have a Transferring, Repositioning and Mobility (TRAM) Plan? <input type="checkbox"/> No → A TRAM Plan that includes strategies for safe transport must be developed and provided to LWB. <input type="checkbox"/> Yes If YES – does the TRAM Plan include strategies for safe transport? <input type="checkbox"/> No → The TRAM Plan must be reviewed and updated to include strategies for safe transport and provided to LWB. <input type="checkbox"/> Yes → <u>Name of plan</u> :	
Does the person have any other transport specific support needs e.g., the person gets car-sick unless they are seated next to a window?	<input type="checkbox"/> No → Continue to the next section <input type="checkbox"/> Yes → <u>Support Requirements</u> :	

Medication Administration

Medication Administration		<input type="checkbox"/> N/A
Does the person need support with medication administration?	<input type="checkbox"/> Yes → <u>Name of plan:</u> OR <u>Support Requirements if the person does not currently have a Medication Support Plan:</u>	
	<input type="checkbox"/> No → The person self-manages their medication administration and agrees that LWB will provide general emergency response only, if required.	
Is the person currently taking an S8 medications?	<input type="checkbox"/> Yes → Refer to the NDIS LWB 5402 Medication Administration – Practice Guide for information around safe storage of medication and remind the person, if they self-manage their medication, of their obligation to meet LWB requirements.	
	<input type="checkbox"/> No	
Is the person currently taking five (5) or more medications?	<input type="checkbox"/> Yes → Refer to the NDIS LWB 5402 Medication Administration – Practice Guide for information about the risks associated with polypharmacy and remind the person, if they self-manage their medication, to ensure they have their medications regularly reviewed by the GP and/or other prescribers.	
	<input type="checkbox"/> No	
Does the person have a Positive Behaviour Support Plan that includes medication that has been prescribed as a Chemical Restraint?	<input type="checkbox"/> Yes → Refer to the NDIS LWB 5801 Implementing Positive Behaviour Support - Procedure	
	<input type="checkbox"/> No	

Person Living Alone

This section is to be completed if the person lives alone and is requesting Assistance with Daily Personal Activities under registration group 0107 and one LWB staff member provides 75% or more of the support.

Person Living Alone		<input type="checkbox"/> N/A
Is the person receiving supports or services from any other NDIS provider?	<input type="checkbox"/> No <input type="checkbox"/> Yes → <u>Name of provider/s:</u>	
Does the person have regular face-to-face contact with relatives, friends, or other people?	<input type="checkbox"/> No <input type="checkbox"/> Yes → <u>Name of person:</u> <u>Frequency of contact:</u>	
Does the person have limited or no physical mobility unless assisted by another person?	<input type="checkbox"/> No <input type="checkbox"/> Yes If YES – does the person use equipment to enable physical mobility? <input type="checkbox"/> No <input type="checkbox"/> Yes → <u>Type of equipment:</u>	
Does the person have limited or no ability to communicate with others?	<input type="checkbox"/> No <input type="checkbox"/> Yes If YES – does the person use equipment to enable communication with others? <input type="checkbox"/> No <input type="checkbox"/> Yes → <u>Type of equipment:</u>	
Support Documentation	NDIS LWB 5905 Person Living Alone – Support Plan NDIS LWB 5906 Person Living Alone – Monitoring and Review Plan NDIS LWB 5907 Person Living Alone – Staff Supervision Plan	

Identifying and Managing Risk

Identifying and managing risk is completed in two stages:

1. Identifying risks relevant to the person we support by completing the Risk Checklist.
2. Developing Risk Management Plans for each risk identified.

Stage 1 – Completing the Risk Checklist

Work through the Risk Checklist and identify all of the risks that apply to the person **due to the person’s disability or diagnosis and in the context of the supports we provide.**

The diagram shows a table titled 'Lifestyle - Hazard Exposure' with columns for 'No', 'Yes', and 'N/A'. Callouts provide the following information:

- Number assigned to Risk:** Points to the row numbers 1 through 7.
- Risk Category – risks are grouped per category:** Points to the blue header bar.
- Name of Risk:** Points to the text descriptions in the first column.
- Where risk category applies, select No or Yes for every risk listed:** Points to the 'No' and 'Yes' checkboxes.
- If no risks within the Risk Category apply, select N/A (Not Applicable):** Points to the 'N/A' checkbox.

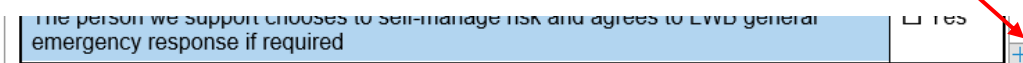
Lifestyle - Hazard Exposure		No	Yes	N/A
1	Unsafe use of electrical appliances / power outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Fire lighting, flammables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Sharps / knives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Poisons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Water hazard - bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Water hazard - swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Sun exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Where no risks within the category apply to the person, select the N/A option listed in the blue bar and move to the next category.
- Where any risk within the category is relevant, work through each risk in the category and select either No or Yes. A selection must be recorded for each risk.
- Where a particular risk area or risk associated with a Support Plan is not listed, add details in the 'Other' section of the category.

Stage 2 – Development of the Risk Management Plans

Each identified risk requires the completion of a Risk Management Plan (page 15), a Self-Managed Risk acknowledgement (page 16), or enacting of the Independence and Informed Choice option (page 16).

To create additional Risk Management Plans, or to add lines to the Self-Managed Risk acknowledgement or the Independence and Informed Choice option, click anywhere in the form/table, then click on the + button on the bottom right corner.



Risk Checklist

Lifestyle – Hazard Exposure		N/A <input type="checkbox"/>	No	Yes
1	Unsafe use of electrical appliances / power outlets		<input type="checkbox"/>	<input type="checkbox"/>
2	Fire lighting, flammables		<input type="checkbox"/>	<input type="checkbox"/>
3	Sharps / knives		<input type="checkbox"/>	<input type="checkbox"/>
4	Poisons		<input type="checkbox"/>	<input type="checkbox"/>
5	Water Hazard – bathing		<input type="checkbox"/>	<input type="checkbox"/>
6	Water Hazard – swimming		<input type="checkbox"/>	<input type="checkbox"/>
7	Sun exposure		<input type="checkbox"/>	<input type="checkbox"/>
8	Other:		<input type="checkbox"/>	<input type="checkbox"/>
Lifestyle – Environmental and Social		N/A <input type="checkbox"/>	No	Yes
9	Traffic, roads		<input type="checkbox"/>	<input type="checkbox"/>
10	Travel, unit vehicle		<input type="checkbox"/>	<input type="checkbox"/>
11	Travel, public transport		<input type="checkbox"/>	<input type="checkbox"/>
12	Unknown people		<input type="checkbox"/>	<input type="checkbox"/>
13	Wandering		<input type="checkbox"/>	<input type="checkbox"/>
14	Cultural, linguistic, religious		<input type="checkbox"/>	<input type="checkbox"/>
15	Social isolation		<input type="checkbox"/>	<input type="checkbox"/>
16	Limited / no informal supports		<input type="checkbox"/>	<input type="checkbox"/>
17	Homelessness		<input type="checkbox"/>	<input type="checkbox"/>
18	Leaving care		<input type="checkbox"/>	<input type="checkbox"/>
19	Other:		<input type="checkbox"/>	<input type="checkbox"/>
Lifestyle – Harm to Self or Others		N/A <input type="checkbox"/>	No	Yes
20	Suicide risk		<input type="checkbox"/>	<input type="checkbox"/>
21	Self-harm / self-injury		<input type="checkbox"/>	<input type="checkbox"/>
22	Assault – physical		<input type="checkbox"/>	<input type="checkbox"/>
23	Assault - verbal		<input type="checkbox"/>	<input type="checkbox"/>
24	Intimidation – physical or verbal		<input type="checkbox"/>	<input type="checkbox"/>
25	Use of projectiles or weapons		<input type="checkbox"/>	<input type="checkbox"/>
26	Property damage		<input type="checkbox"/>	<input type="checkbox"/>
27	Harassment / stalking		<input type="checkbox"/>	<input type="checkbox"/>
28	Harm to animals		<input type="checkbox"/>	<input type="checkbox"/>
29	Exploiting others		<input type="checkbox"/>	<input type="checkbox"/>
30	Other:		<input type="checkbox"/>	<input type="checkbox"/>
Lifestyle – Relationships and Sexuality		N/A <input type="checkbox"/>	No	Yes
31	At risk of exploitation		<input type="checkbox"/>	<input type="checkbox"/>
32	Unsafe sex		<input type="checkbox"/>	<input type="checkbox"/>
33	Limited self-protective behaviours / skills		<input type="checkbox"/>	<input type="checkbox"/>

34	Non-consensual touching	<input type="checkbox"/>	<input type="checkbox"/>
35	Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
36	Discussing inappropriate sexual subjects	<input type="checkbox"/>	<input type="checkbox"/>
37	Obscene gestures	<input type="checkbox"/>	<input type="checkbox"/>
38	Removing clothing in public	<input type="checkbox"/>	<input type="checkbox"/>
39	Other:	<input type="checkbox"/>	<input type="checkbox"/>
Lifestyle – Unsafe Lifestyle Choices		N/A <input type="checkbox"/>	No
40	Drugs / medication misuse	<input type="checkbox"/>	<input type="checkbox"/>
41	Alcohol misuse	<input type="checkbox"/>	<input type="checkbox"/>
42	Criminal / illegal behaviours	<input type="checkbox"/>	<input type="checkbox"/>
43	Hoarding	<input type="checkbox"/>	<input type="checkbox"/>
44	Self-neglect	<input type="checkbox"/>	<input type="checkbox"/>
45	Antisocial peers	<input type="checkbox"/>	<input type="checkbox"/>
46	Other:	<input type="checkbox"/>	<input type="checkbox"/>
Health and Wellbeing – Abuse or Neglect		N/A <input type="checkbox"/>	No
47	Abuse – observed, suspected, reported	<input type="checkbox"/>	<input type="checkbox"/>
48	Evidence of neglect	<input type="checkbox"/>	<input type="checkbox"/>
49	Community Services involvement	<input type="checkbox"/>	<input type="checkbox"/>
50	Aggression from others	<input type="checkbox"/>	<input type="checkbox"/>
51	Exploitation from others	<input type="checkbox"/>	<input type="checkbox"/>
52	Being targeted by others	<input type="checkbox"/>	<input type="checkbox"/>
53	Other:	<input type="checkbox"/>	<input type="checkbox"/>
Health and Wellbeing – Medical Conditions		N/A <input type="checkbox"/>	No
54	Fractures, cuts	<input type="checkbox"/>	<input type="checkbox"/>
55	Bruising, abrasions	<input type="checkbox"/>	<input type="checkbox"/>
56	Burns	<input type="checkbox"/>	<input type="checkbox"/>
57	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
58	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
59	Seizures	<input type="checkbox"/>	<input type="checkbox"/>
60	Respiratory conditions	<input type="checkbox"/>	<input type="checkbox"/>
61	Allergies	<input type="checkbox"/>	<input type="checkbox"/>
62	Skin conditions	<input type="checkbox"/>	<input type="checkbox"/>
63	Endocrine conditions	<input type="checkbox"/>	<input type="checkbox"/>
64	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
65	Sleep disorders	<input type="checkbox"/>	<input type="checkbox"/>
66	Constipation	<input type="checkbox"/>	<input type="checkbox"/>
67	Incontinence	<input type="checkbox"/>	<input type="checkbox"/>
68	Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>
69	Dementia	<input type="checkbox"/>	<input type="checkbox"/>

70	Obesity	<input type="checkbox"/>	<input type="checkbox"/>
71	Other:	<input type="checkbox"/>	<input type="checkbox"/>
Health and Wellbeing – Medical Intervention		N/A <input type="checkbox"/>	No
72	Declines regular medication	<input type="checkbox"/>	<input type="checkbox"/>
73	Declines appointments	<input type="checkbox"/>	<input type="checkbox"/>
74	Declines examinations	<input type="checkbox"/>	<input type="checkbox"/>
75	Declines to follow medical advice	<input type="checkbox"/>	<input type="checkbox"/>
76	Other:	<input type="checkbox"/>	<input type="checkbox"/>
Health and Wellbeing – Accidental Movement		N/A <input type="checkbox"/>	No
77	Startle reflex	<input type="checkbox"/>	<input type="checkbox"/>
78	Panic behaviour	<input type="checkbox"/>	<input type="checkbox"/>
79	Grabbing, holding, leaning	<input type="checkbox"/>	<input type="checkbox"/>
80	Sudden body movements	<input type="checkbox"/>	<input type="checkbox"/>
81	Falling, tripping	<input type="checkbox"/>	<input type="checkbox"/>
82	Bumping, running	<input type="checkbox"/>	<input type="checkbox"/>
83	Other:	<input type="checkbox"/>	<input type="checkbox"/>
Health and Wellbeing – Infections Diseases		N/A <input type="checkbox"/>	No
84	Chronic	<input type="checkbox"/>	<input type="checkbox"/>
85	Recurrent	<input type="checkbox"/>	<input type="checkbox"/>
Personal Finance – Unsafe Actions		N/A <input type="checkbox"/>	No
86	Limited concept of money	<input type="checkbox"/>	<input type="checkbox"/>
87	Vulnerable to exploitation	<input type="checkbox"/>	<input type="checkbox"/>
88	Inappropriately giving money away	<input type="checkbox"/>	<input type="checkbox"/>
89	Losing wallets / purses / bags	<input type="checkbox"/>	<input type="checkbox"/>
90	Cannot ask for receipts	<input type="checkbox"/>	<input type="checkbox"/>
91	Tries to borrow money	<input type="checkbox"/>	<input type="checkbox"/>
92	Impulsive spending	<input type="checkbox"/>	<input type="checkbox"/>
93	Gambling	<input type="checkbox"/>	<input type="checkbox"/>
94	Other:	<input type="checkbox"/>	<input type="checkbox"/>

Risk Management Plan

Risk Management Plan	
1. Number and description of risk (as per Risk Checklist)	#
2. Is this a risk to the person?	No <input type="checkbox"/> Yes <input type="checkbox"/> → Describe how:
3. Unmanaged risk category (to the person)	Critical <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> N/A <input type="checkbox"/>
4. Is this a risk to others?	No <input type="checkbox"/> Yes <input type="checkbox"/> → Describe how:
5. Unmanaged risk category (to others)	Critical <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> N/A <input type="checkbox"/>
6. List any ISP goals this risk affects.	
7. What source of information confirms this is a risk for the person?	
8. What conditions cause this risk to be active (triggers, indications)?	
9. What are the means of prevention?	
10. What support plans are in place to manage this risk?	
11. Where are the support plans located?	
12. What support plans need to be developed?	
13. Is a Restricted Practice authorised for this risk?	No <input type="checkbox"/> Yes <input type="checkbox"/> → Complete the Restricted Practices section
14. What is the managed risk category?	Critical <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> N/A <input type="checkbox"/>
Page of	

Self-Managed Risk

A person with the ability may choose to manage a risk themselves with no support from LWB. In this case, LWB will provide general emergency response only.

Click on the table below and select the + in the bottom right corner to add more tables as required for each self-managed risk.

No.	#	Risk Description	
		The person we support chooses to self-manage this risk and agrees to LWB only providing general emergency response (as required).	<input type="checkbox"/> Yes

Independence and Informed Choice

A person with the ability may choose to explore alternate risk management strategies regarding identified risk/s that are outside of usual LWB Risk Management. This is done through enacting the [NDIS LWB 936 Statement of Informed Choice](#).

Use of the Statement of Informed Choice is detailed in the [NDIS LWB 931 Independence and Informed Choice Procedure](#) and [NDIS LWB 932 Independence and Informed Choice Practice Guide](#).

Note: The Statement of Informed Choice cannot be applied to the management of risks related to the delivery of HIDPA or special conditions related to people living alone receiving Lifestyle Supports – Assistance with Daily Personal Activities, claimed under registration group 0107.

Click on the table below and select the + in the bottom right corner to add more tables as required for each risk covered by a signed Statement of Informed Choice.

No.	#	Risk Description	
		The person we support chooses to work through the Independence and Informed Choice process to manage the identified risk.	<input type="checkbox"/> Yes
		The person we support has signed a Statement of Informed Choice in regard to this risk.	<input type="checkbox"/> Yes

Restricted Practices

Where Restricted Practices have been authorised to manage risk, including Positive Behaviour Support, complete an entry for each Authorised Restricted Practice in the table below.

Add rows as required by clicking in the bottom row and selecting the + on the right hand side.

Details of Restricted Practice	Authorisation Date	Expiry Date

Signatures

Completed by		Signature		Date	
The person we support		Signature		Date	
Authorised Decision Maker *		Signature		Date	
Disability Support Leader **		Signature		Date	

* If the person we support is unable to sign

** If not the person who completed the Client Profile

Upload to CIRTS as follows: Plans & Assessments >Plans >Add New Plan >Select from dropdown: Client Profile >Add date> Select 'Add New Attachment' >Client Profile SURNAME, First Name, YYYY.MM.DD

