**Round 4: WA Behaviour Support Practitioner Training 2021**

**Trainee Application Form**

**Please submit applications via email to** **Carmen Pratts-Hincks at** **carmen.pratts-hincks@nds.org.au** **by COB on Monday 31st May 2021**

**Contact Details**

Date Completed:

Name of Applicant:

Current Position:

Organisation Name:

Email Address:

Personal Email Address:

Work Phone:

Mobile Phone:

Home Address (**suburb & postcode only**):

**Position & Organisation**

**Please indicate the status of your Provisional Suitability from NDIS Commission: (Highlight one option and type response where appropriate)**

* Option 1: Received Provisional Suitability
	+ **Please type** your NDIS Practitioner Identification Number here:
* Option 2: Applied for Provisional Suitability (S29 Form), not yet received
	+ **Please attach** a copy of your application notification to the email **and**
	+ **Please type** the date you submitted the S29 Form here:
* Option 3: Not applied for, but organisation is registered to provide Specialist Behaviour Support and intends to submit S29 Forms on my behalf.

**Provider type: (Highlight one option) Please check with your manager if you are unsure**

* Implementing Provider Only
* Behaviour Support Provider Only
* Implementing and Behaviour Support Provider

**Disability funded services your organisation provides: (****Highlight any applicable)**

* Accommodation
* In-home
* Community based
* Therapy
* Other:

**People your organisation provides services for:** **(Highlight any applicable)**

* People with psycho-social support needs
* People from Culturally and Linguistically Diverse backgrounds (CALD)
* Aboriginal and/or Torres Strait Islander people
* Specific diagnoses. Please specify below:

**How much of your current role is working as a behaviour support practitioner? (Highlight one option)**

* Daily
* Weekly
* Once per Month
* Less than once per month

**Does your current role include supervising other practitioners (internal or external from your org.) around PBS and/or restrictive practices? (Highlight one option)**

* Yes
* No

**How many clients with disability do you support who require a positive behaviour support plan?**

Please list in the table below the number of clients you support who require a positive behaviour support plan (total number of client’s column) for each region. In the next 3 columns for how you provide behaviour support, specify how many clients you support in each way – these should add up to your total number of clients.

|  |  |  |
| --- | --- | --- |
| **Regions** | **Total Number of Clients** | **How do you provide behaviour support?** |
| **Only Locally in Person (incl. Outreach)** | **Only Via Telehealth** | **Combination (In Person & Telehealth)** |
| **EXAMPLE****Perth Metro** | **8** | **3** | **1** | **4** |
| Perth Metro |  |  |  |  |
| Goldfields- Esperance |  |  |  |  |
| Great Southern |  |  |  |  |
| Kimberley |  |  |  |  |
| Pilbara |  |  |  |  |
| Midwest- Gascoyne |  |  |  |  |
| South-West |  |  |  |  |
| Wheatbelt |  |  |  |  |

**Qualifications/Background**

**Formal Qualifications, Training & Professional Development completed relevant to behaviour support practice (e.g. Applied Behaviour Analysis training; PBS training, functional communication training, psychology, social work, speech pathology, occupational therapy, etc.)**

Please list in the table below any relevant qualifications/training, including the dates/year completed and who provided the training:

|  |  |  |
| --- | --- | --- |
| **Year Completed** | **Brief Training Title/Description** | **Trainer/Facilitating Organisation** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Years of Behaviour Support Practice Experience (Highlight one option)**

* None
* Less than 1 year
* 1-2 Years
* 2-5 Years
* 5 Years or more

**Describe your approach to Functional Behaviour Assessment: (no more than half a page)**

Please Type Response Here…

**How many Behaviour Support Plans have you written? (Highlight one option)**

* None
* 1
* 2-5
* 5-10
* More than 10

**How many Behaviour Support Plans have you written that include restrictive practices? (Highlight one option)**

* None
* 1
* 2-5
* 5-10
* More than 10

**Describe how you work with stakeholders and systems? (no more than half a page)**

Please Type Response Here…

**With reference to the NDIS Commission Behaviour Support Capability Framework (**[**https://www.ndiscommission.gov.au/pbscapabilityframework**](https://www.ndiscommission.gov.au/pbscapabilityframework)**) what competence level do you believe you meet? (Highlight one option)**

* Not Yet Core
* Core
* Core-Proficient
* Proficient
* Advanced
* Specialist

**Training Group Availability**

|  |  |  |  |
| --- | --- | --- | --- |
| **Week No.** | **Group 1** | **Group 2** | **Group 3** |
| **Tuesdays** | **Wednesdays** | **Thursdays** |
| **1:00 pm - 4:00 pm** | **9:30 am - 12:30 pm** | **9:30 am - 12:30 pm** |
| **1** | 17-Aug | 18-Aug | 19-Aug |
| **2** | 24-Aug | 25-Aug | 26-Aug |
| **3** | 31-Aug | 01-Sep | 02-Sep |
| **4** | 07-Sep | 08-Sep | 09-Sep |
| **5** | 14-Sep | 15-Sep | 16-Sep |
| **6** | 21-Sep | 22-Sep | 23-Sep |
| **School Holidays** | 28-Sep | 29-Sep | 30-Sep |
| 05-Oct | 06-Oct | 07-Oct |
| **7** | 12-Oct | 13-Oct | 14-Oct |
| **8** | 19-Oct | 20-Oct | 21-Oct |
| **9** | 26-Oct | 27-Oct | 28-Oct |
| **10** | 02-Nov | 03-Nov | 04-Nov |
| **11** | 09-Nov | 10-Nov | 11-Nov |
| **12** | 16-Nov | 17-Nov | 18-Nov |

**Important to Note: You must be available for all training sessions of the group/s you highlight – you cannot swap groups to attend a different training session. There are no training sessions during the school holidays.**

**Please highlight all training groups you are available for:**

* Group 1: Tuesdays 1:00 PM – 4:00 PM (Starting 17th August until 9th November)
* Group 2: Wednesdays 9:30 AM – 12:30 PM (Starting 18th August until 10th November)
* Group 3: Thursdays 9:30 AM – 12:30 PM (Starting 19th August until 11th November)

**Declaration**

**To the best of my knowledge, all information contained above is an accurate estimate of my experience and knowledge in behaviour support.**

**Signature of Applicant:**

**Signature Date:**

**Manager Endorsement / Sole Trader Details**

You must have management endorsement from your organisation for this application to be accepted. Please provide contact details for your manager and ask them to sign this form, where indicated, prior to submission. If you are a sole trader/practitioner, please simply indicate this next to the Manager’s Name as well as including your ABN.

Manager’s Name:

Manager’s Position:

Manager’s Email:

Manager’s Phone Contact:

**By signing this form, I endorse this application and confirm the information in this form is correct to the best of my knowledge.**

Manager’s Signature:

Manager’s Signature Date:

**Disclaimer**

The information you provide in this application, as well as any other documents provided, will be kept confidential. Only the WA Behaviour Support Practitioner Training Operations Team and Assessment Panel will have access to information provided within this application. You or your manager may be contacted regarding the information you have provided or for further information during the application assessment process.

**Please submit applications via email to** **Carmen Pratts-Hincks at** **carmen.pratts-hincks@nds.org.au** **by COB on Monday 31st May 2021**