



## Request for Independent Practitioner, Quality Assurance Panel, Authorisation of Restrictive Practices

<b>Organisation Name</b>	
<b>Name of person making request</b>	
<b>Position</b>	
<b>Phone number</b>	
<b>Email</b>	
<b>Proposed date of Panel</b>	
<b>Proposed duration of Panel</b>	
<b>Proposed location of Panel</b>	Online / In person (Town/Suburb: _____ )
<b>Name of Independent Practitioner requested (if applicable)</b>	
<b>Number of people for whom Authorisation of Restrictive Practices is being sought</b>	
<b>Specialist experience required in Practitioner</b>	<input type="checkbox"/> Aboriginal and Torres Strait Islanders <input type="checkbox"/> CALD <input type="checkbox"/> People in regional and remote areas <input type="checkbox"/> People with complex communication access needs <input type="checkbox"/> People with autism <input type="checkbox"/> People with acquired brain injury <input type="checkbox"/> People with intellectual disability <input type="checkbox"/> People with psychosocial disability
<b>Date of Request</b>	