# Offline Preparation Form: Application for Approval of an APO

Pursuant to Part 8 of the *Disability, Rights, Inclusion and Safeguarding Act 2024* (the Act),a disability services provider must appoint an Appointed Program Officer if the disability services provider intends to use restrictive practices in relation to a person with disability.

**Only applications completed in the approved online application system will be accepted.** Please note your responses cannot be saved in the system until you submit your application. If you exit the application before submitting it, you will need to start the application from the beginning.

This document is a MS Word version of the online application form. It is for providers to view the required information and prepare responses **offline** before entering them into the online application system. The use of this document is voluntary and is intended to assist in the preparation period of the application process. **You cannot submit this document to the Office of the Senior Practitioner.**

To lodge an application, please complete the online form available on the Office of the Senior Practitioner website: <https://www.dpac.tas.gov.au/divisions/cpp/community-and-disability-services/office-of-the-senior-practitioner>

### Provider Contact Person Details

1. **Provider Name** Click or tap to enter a date.
2. **Is your organisation a registered NDIS disability services provider?**

Yes  No  Undergoing registration process

**3. Title**

Mr  Master  Miss

Ms  Mrs  Mx

Other

**4. Given Name** Click or tap here to enter text.

**5. Family Name** Click or tap here to enter text.

**6. Position Title** Click or tap here to enter text.

**7. Phone No.** Click or tap here to enter text.

**8. Email** Click or tap here to enter text.

**9. Address** Click or tap here to enter text.

**10. Which regions in Tasmania does your organisation operate in (please indicate all regions that your organisation provides services in)? \***

South  North  North-West

Other

### Details of the proposed APO

**11. APO Title**

Mr  Mrs Ms

Mx  Other

**12. APO Given Name**

Click or tap here to enter text.

**13. APO Family Name**

Click or tap here to enter text.

**14. APO Phone No.**

Click or tap here to enter text.

**15. APO Email**

Click or tap here to enter text.

**16. Where is the proposed APO located?**

Southern Region of Tasmania  Northern Region of Tasmania

North-West Region of Tasmania  Interstate

Other

### APO Skills and Qualifications

**17. Registration to Work with Vulnerable People (RWVP) (with NDIS endorsement or an interstate equivalent) number of the proposed APO:**

Click or tap here to enter text.

**18. Is the RWVP number Tasmanian or Interstate?**

Tasmanian RWVP numberInterstate RWVP number

**19. Registered State or Territory**

Click or tap here to enter text.

**20. What is the highest level of education attained by the proposed APO?**

Highschool  TAFE (Certificate / Diploma)  Undergraduate (Bachelor / Honours)

Postgraduate (Graduate Certificate / Diploma)  Masters (or higher)

Other

**21. What relevant education or training qualifications does the proposed APO hold?**

Click or tap here to enter text.

**22. What relevant experience in the disability sector does the proposed APO have?**(e.g., disability support worker; quality and safeguarding officer, healthcare professional, administrative or operational support in a disability services organisation)

Click or tap here to enter text.

**23. Does the proposed APO hold membership or registration with a relevant professional association or regulatory body?** \*

AASW  ACA  AHPRA

APS  OTAUS  PACFA

SPA  Not Applicable  Other

**24. Has the proposed APO completed specific positive behaviour support training?**

Yes  No

**25. If yes to having positive behaviour support training, please specify**

Click or tap here to enter text.

**26. Has the proposed APO completed training specifically relevant to the role of an APO or equivalent?**(e.g., University of Melbourne online Professional Development for Authorised Program Officers; Monash University Engaging in Positive Behaviour Practices Support program)

Yes  No

**27. If yes to having APO role specific training, please specify**

Click or tap here to enter text.

**28. What other skills or experience does the proposed APO have in relation to positive behaviour support and the use of restrictive practices?**

Click or tap here to enter text.

**29. Has the proposed APO been an Authorised Program Officer (or equivalent) in another state or territory?**

Yes  No

**30. If (yes) the proposed APO has been an Authorised Program Officer (or equivalent) in another state or territory, please specify**

Click or tap here to enter text.

**31. Is the proposed APO currently an Authorised Program Officer (or equivalent) in any other state or territory?**

Yes  No

**32. If (yes) the proposed APO is currently an Authorised Program Officer (or equivalent) in any other state or territory, please specify**

Click or tap here to enter text.

**33. Wherever possible, the APO should not be the person(s) who implements the restrictive practice. Is the proposed APO likely to implement restrictive practices?**

Yes  No

**34. If yes, please explain why**

Click or tap here to enter text.

### Declaration from the Provider

In submitting this application, I agree that the proposed APO is able and willing to undertake the role consistent with the *Disability Rights, Inclusion and Safeguarding Act 2024 (Act), specifically:*

**35. The principles described in section 8, notably:**

Restrictive practices should only be used in very limited and specific circumstances as a last resort and utilising the least restrictive practice and for the shortest period of time possible in the circumstances; and

Restrictive practices should only be used where they are proportionate and justified in order to protect the rights or safety of the person with disability or others.

Agree

**36. The role of an Appointed Program Officer described in section 60, notably:**

An appointed program officer for a disability services provider must ensure that any restrictive practice used in relation to a person with disability by that disability services provider is used in accordance with:

* that authorisation; and
* any guidelines issued by the Senior Practitioner in relation to restrictive practices; and
* the person's behaviour support plan; and
* is the least restrictive of the person as is possible in the circumstances.

Agree

**37. Hold and maintain current Registration to Work with Vulnerable People (RWVP) (with NDIS endorsement)**

Agree

**38. Meet future training requirements for APOs**

Agree

**39. Follow any directions and Guidelines issued by the Senior Practitioner**

Agree

**40. You also agree the proposed APO has never:**

been on the Disability Worker Exclusion Scheme List, or its equivalent

been issued an exclusion by a NDIS worker screening unit

committed an offence within the meaning of a disqualifying offence listed in the Registration to Work with Vulnerable People (NDIS Disqualifying Offences) Order 2020)

been subject of a banning order issued under section 73ZN of the National Disability Insurance Scheme Act 2013 (Cth)

been professionally deregistered under another Act

Agree

**41. In submitting this application, I agree that I have sufficient authority or delegation of my employer to nominate an APO.**

Agree

**42. Once approved, the provider must notify the Senior Practitioner if the APO ceases their role or no longer meets any of the above conditions.**

Agree

**43. Signature**By typing my name below, I acknowledge that I am signing this declaration. This typed name is intended to serve as my signature, signifying my agreement to this declaration

Click or tap here to enter text.

**44. Name** Click or tap here to enter text.

**45. Position** Click or tap here to enter text.

**46. Date** Click or tap to enter a date.

### Privacy Collection Notice and Consent

**Purpose of Collection:**

We are collecting your personal information (including service provider details, names, contact details, and any other information you provide) for the following purposes: To process this application for authorisation to use a restrictive practice (and if applicable, the application for appointment of an independent person).

**Relevant Legislation:**

We collect, use and disclose your personal information under the *Disability Rights, Inclusion and Safeguarding Act 2024 and the Personal Information Protection Act 2004 (TAS).*

**Disclosure of Personal Information**

We may disclose your personal information to the following parties: Tasmanian Government and related entities. This disclosure is necessary for processing your application, legal compliance, and research and statistical purposes.

**Your Rights:**

You have the right to access and correct your personal information. You can also withdraw your consent at any time before the application is processed.

You can do this by contacting the Office of the Senior Practitioner: [seniorpractitioner@dpac.tas.gov.au](mailto:seniorpractitioner@dpac.tas.gov.au)

If you choose to withdraw your consent, we will not be able to process your application.

**Consent**

By submitting this application electronically, I acknowledge that I have read and understood this Privacy Collection Notice and Consent, and I consent to the collection, use, and disclosure of my personal information as described above.

I consent

### What happens next?

Once this application is submitted, the proposed APO will receive an email to provide their declaration and upload the sup‐ porting documents (including evidence of qualifications and a curriculum vitae (CV) of no more than two pages). A confirmation email will also be sent to the provider. The email the APO will receive states:

While you can complete this application on any device (including mobile devices), you may need to use a computer to upload the supporting documents. If you choose to upload documents using a mobile device, click the three dots directly under the "OneDrive" sign at the top left-hand corner of the webpage to access the "Upload" button.

**Once the document you have uploaded has been successfully processed, it will disappear from view. You are not re‐ quired to upload documents a second time.**

Please ensure your supporting documents are in Word or PDF formats. If your supporting documents include any images, please ensure they are in JPG or PNG formats. The system will not be able to process documents created in other formats. Please do not make any changes to the documents you have uploaded, as they will be processed immediately after being uploaded. If you need to make any changes, close the window, click the link again and upload the updated version. The system will process the documents accordingly.

**If the APO does not receive a link within 15 minutes of the submission of this application, please send the supporting documents as an attachment in an email to the Office of the Senior Practitioner**: [seniorpractitioner@dpac.tas.gov.au](mailto:seniorpractitioner@dpac.tas.gov.au)