Support coordination - implementation report

You can use this form to help the NDIA understand how the participant’s new plan is going.

## How to complete this form

Complete this form if you are:

* a support coordinator
* supporting the participant to implement their plan.

You should:

* Fill out this form through discussions with the participant and the people who support them.
* Support the participant to talk about their experiences and make sure they know what you are going to tell us in this form.

Using this form helps you complete your reporting requirements as outlined in the Request for Service (RFS). When you complete this form, you give us information about:

* The participant’s support needs and situation.
* The participant’s progress in implementing their plan to pursue their goals.
* The supports the participant is receiving.

## How do I return this form to the NDIA?

You can return this form to us by:

* Uploading through your my NDIS provider portal. For help to do this go to [provider portal and resources.](https://www.ndis.gov.au/providers/working-provider/myplace-provider-portal-and-resources)
* If you are unable to upload via the portal, then you may send an email with the report attached to [enquiries@ndis.gov.au](mailto:enquiries@ndis.gov.au) .

**Date:** Click here to enter a date.

## Participant and plan details:

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| NDIS Number: | Click or tap here to enter text. |
| Plan Start Date: | Click or tap to enter a date. |
| Plan End Date: | Click or tap to enter a date. |

## Provider details:

|  |  |
| --- | --- |
| Provider: | Click or tap here to enter text. |
| Person completing this report: | Click or tap here to enter text. |
| Phone number: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |
| Is this a new or existing arrangement? | Choose an item. |

## **How are you engaging with the participant?**

|  |  |
| --- | --- |
| Date of initial contact: | Click or tap here to enter text. |
| Agreed frequency of contact with the participant: | Click or tap here to enter text. |
| Nominated contact (e.g. nominee, child representative or N/A): | Click or tap here to enter text. |
| Primary contact method: | Click or tap here to enter text. |
| Primary contact details: | Click or tap here to enter text. |
| Secondary contact method: | Click or tap here to enter text. |
| Secondary contact details: | Click or tap here to enter text. |
| Other key contact: | Click or tap here to enter text. |
| Other key contact details: | Click or tap here to enter text. |

## **Current** plan goals

Use this table to tell us how the participant is planning to pursue their current goals.

| **Participant’s goal** | **What are the next steps for pursuing this goal?**  (*What have you and the participant agreed to next?)* |
| --- | --- |
| 1. Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Click or tap here to enter text. | Click or tap here to enter text. |

Request for service fields

Use the tables below to complete the information from corresponding fields in the request for service (RFS).

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrals for assessment** | **Actions taken** | **Barriers or risks identified** | **Future actions** |
| *What are the immediate specialist assessments the participant needs connection with? These may be detailed in the RFS or identified with the participant. (List or N/A)* | *What steps have been taken to help the participant obtain any immediate specialist assessments?* | *What barriers have you identified (if any) to obtaining the required information?* | *What are the next steps to obtain the required information?* |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Community, mainstream & NDIS funded supports** | **Initial actions** | **Barriers or risks identified** | **Future actions** |
| *What are the priority supports the participant requires connection with? These may be detailed in the RFS or identified with the participant (List or N/A)* | *What steps have been taken to help the participant in connecting to priority supports?* | *What barriers have you identified (if any) in connecting the participant to the supports?* | *What are the next steps planned to make the required connections?* |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |

## **Implementation activities**

It is important to help the participant understand how they can use their plan and organise their supports to make sure they will be adequately supported throughout the duration of their plan.

Use the check boxes to confirm the following topics have been discussed and understood by the participant.

Plan funding included in the participant’s plan.

The different support categories and their flexibility.

Fund management and claiming.

Organising and planning supports over the life of the plan.

The role of community and mainstream supports.

How to access and use themy NDIS portal and app.

The value and importance of service agreements.

If any supports have been listed in the plan, the participant knows who can deliver the support and how it may need to be provided.

## Notes

If you were unable to explain any of the above areas, use the notes section below. Describe why and list any alternative strategies that will help the participant understand how to use their plan.

|  |
| --- |
|  |

## **Conflicts of interest**

Under the [NDIS Code of Conduct](https://www.ndiscommission.gov.au/providers/ndis-code-conduct), all NDIS providers, including support coordinators, must act with integrity, honesty and transparency under the NDIS Code of Conduct.

To do this, support coordinators must:

* Recommend and provide supports and services appropriate to the needs of the participant.
* Maintain integrity by declaring and avoiding any real or perceived conflicts of interest.
* Avoid engaging in, participating in or promoting sharp practices.

A [conflict of interest](https://www.ndis.gov.au/providers/working-provider/support-coordinators/support-coordinators-and-conflict-interest) may occur when someone has real or perceived competing private and professional interests. These interests may make it difficult to fulfil their professional duties without bias or the perception of bias.

Do any real or perceived conflicts of interest exist?

No

Yes (Complete below)

Have you discussed and disclosed the conflicts with the participant?

No

Yes

|  |  |
| --- | --- |
| **Identified real or perceived conflict** | **Management strategy agreed to by the participant** |
|  |  |
|  |  |
|  |  |

Privacy and your personal information

### Collection of your personal information

The National Disability Insurance Agency (NDIA) would like some personal information from you to simplify your engagement with the NDIS. Any personal information you provide to the NDIA is safe under the National Disability Insurance Scheme Act 2013 and the Privacy Act 1988. You can also ask to see what personal information (if any) we hold about you at any time and can seek correction if the information is wrong.

### Personal information use and disclosure

The NDIA will use your information to support your involvement in the NDIS.

The NDIA will NOT use any of your personal information for any other purpose or disclose your personal information to any other organisations or individuals (including any overseas recipients), unless authorised by law or you provide your consent for us to do so.

### The NDIA’s privacy policy describes

* how we use your personal information.
* why some personal information may be given to other organisations from time to time.
* how you can access the personal information we have about you on our system.