

Appendix 1 – Checklist for Submission to CC/AC/RC or their Designated Representative

Individual Support Plan –  
Checklist



*Checklist for Intimate Personal Care Authorisation*

|                        |  |                    |  |
|------------------------|--|--------------------|--|
| <b>Section Leader:</b> |  | <b>Member no.:</b> |  |
| <b>Leader Email:</b>   |  | <b>Phone</b>       |  |
| <b>Group</b>           |  | <b>District:</b>   |  |

|                                     |                                                                 |
|-------------------------------------|-----------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <b>Checklist</b>                                                |
|                                     | Discussion held with the young person & their parents or carers |
|                                     | Individual Support Plan <b>created and attached</b>             |
|                                     | Designated Carer or Nominated Person/s Identified               |

**Complete one or both of the following boxes as required:**

|                                     |                                                                       |  |                 |
|-------------------------------------|-----------------------------------------------------------------------|--|-----------------|
| <input checked="" type="checkbox"/> | <b>Additional Checklist for Designated Carer</b>                      |  |                 |
|                                     | Discussion about frequency of care and membership of Designated Carer |  |                 |
|                                     | Membership Required<br>(appointments committee to be informed)        |  | OH Not Required |

|                                     |                                                                |  |  |
|-------------------------------------|----------------------------------------------------------------|--|--|
| <input checked="" type="checkbox"/> | <b>Additional Checklist for Nominated Person</b>               |  |  |
|                                     | Parents or guardians have discussed process for providing care |  |  |
|                                     | Each Nominated Person has received guidance documentation      |  |  |