

Queensland Centre for Intellectual and Developmental Disability (QCIDD)

APPLICATION PROCEDURES

Strengthening Non-Government Organisations Organisational Planning Initiative: -

“**Challenging Behaviour Mentoring Programme**”

Closing Date: 3 October 2007

Return to: QCIDD via:

➤ **Email:**

qcidd@uq.edu.au or madonna.tucker@uq.edu.au

➤ **Post:**

Queensland Centre for Intellectual and Developmental Disability
The University of Queensland
Mater Misericordiae Hospital
Raymond Terrace
South Brisbane Qld 4101.

➤ **Fax:**

Queensland Centre for Intellectual and Developmental Disability
Attention: Madonna Tucker
Fax Number: 3163 2445

Please Note: QCIDD requires a copy of a signed *original* application even if the application is sent via fax or email. This can be sent to QCIDD after the deadline if needed.

Application Procedures

This programme will include non-government organisations in Queensland where behavioural support issues are prevalent. This programme is only for services who:

1. Are non-government service providers funded by Disability Services Queensland
2. Have a client who has an intellectual disability or dual diagnosis (mental health and intellectual disability).
3. Have a client identified with challenging behaviours which are frequent and severe, such as aggression (to clients and/or staff), self-injury, property destruction, and extreme irritability.

Services will be jointly selected by a panel representing QCIDD and Disability Services Queensland. Service providers will be chosen based on their need and their access to existing services in regards to behaviour support. Selection criteria have been developed based on the organisations client profile and willingness to participate in this learning opportunity. Service providers need to be aware if accepted into this programme they must commit to completing all aspects of the programme as part of the funding agreement they will sign if they are selected to be part of the programme. Most importantly the service provider and selected individuals would need to commit to developing mechanisms for sharing skills and knowledge with other members of their service. Services selected could include rural/remote and others who would benefit significantly from the program because of the service user characteristics.

Selection Criteria for Service Providers

Please outline a written brief response to each of the following criteria (see Attachment 1):

1. Describe how the nominated participant/s from your service would have the skills and motivation to contribute and benefit from the programme?
2. Describe how your service would commit participant/s for the whole of the programme?
3. Describe how the nominated executive supporter would support the programme and provide leadership within local networks regarding behaviour support issues?
4. How would your service support the sharing of information to other staff by the participant/s?
5. How would your service support and encourage networking opportunities for the participant/s?
6. How would your service identify a client/s with challenging behaviour issues. Please give details of the challenging behaviour such as type, severity and frequency of behaviour?
7. How would your service commit time and resources to data collection over the course of the programme?

How to Apply

1. Nominate people to be involved in the programme i.e., 1-2 Participants, an Executive Supporter and a client with challenging behaviour.
2. Complete the [Challenging Behaviour Mentoring Programme Application Form](#) and return it to QCIDD.
3. Complete the selection Criteria and return it to QCIDD along with the Application Form.

CLOSING DATE

The closing date for submission of your application is **3 October 2007**. The panel will decide if late applications will be accepted. Following this date a review of applications will be conducted and if necessary Service Providers will be contacted for clarification or additional information. All Service Providers will be notified of the outcome of their application.

“Challenging Behaviour Mentoring Programme Application Form”

Please complete:

Name of Service Provider: _____

POSTAL ADDRESS:

STREET ADDRESS:

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Phone: _____ Fax: _____

Mobile: _____ Email: _____

Name of staff member as Executive Supporter: _____

Position: _____

Name of staff member as Participant: _____

Position: _____

DOCUMENTATION

Please check that you have completed all parts of the application form, attached all supporting documentation and an authorised person has signed in the appropriate place.

Completed application form

Completed selection criteria

SIGNATURE: SIGNED ON BEHALF OF THE ORGANISATION BY:

(NOTE: This application must be signed by an Office Bearer of the Management Committee/ Board of Management)

SIGNATURE:..... DATE:

NAME:..... POSITION:

Please complete the application form and selection criteria and send to QCIDD via:

➤ **Email:**

qcidd@uq.edu.au or madonna.tucker@uq.edu.au

➤ **Post:**

Queensland Centre for Intellectual and Developmental Disability
The University of Queensland
Mater Misericordiae Hospital
Raymond Terrace
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➤ **Fax:**

Attention: Madonna Tucker

Fax Number: 3163 2445

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Attachment 1

“Challenging Behaviour Mentoring Programme”

Selection Criteria for Service Providers

Please outline a brief written response to each of the following criteria. Add additional pages as needed.

1. Describe how the nominated participant/s from your service would have the skills and motivation to contribute and benefit from the programme?

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2. Describe how your service would commit participant/s for the whole of the programme?

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3. Describe how the nominated executive supporter would support the programme and provide leadership within local networks regarding behaviour support issues?

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4. How would your service support the sharing of information to other staff by the participant/s?

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5. How would your service support and encourage networking opportunities for the participant/s?

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6. How would your service describe your client with challenging behaviour? Please give unidentifiable details of the client you would work with within this programme:

A. Age of client with challenging behaviour: _____ years

B. What is the client's primary disability type: _____

C. Where do they reside: _____

D. What is the type of your client's challenging behaviour (please tick):

- | | | | |
|--------------------------|------------------------------|--------------------------|---|
| <input type="checkbox"/> | Aggression to staff | <input type="checkbox"/> | Aggression to other clients |
| <input type="checkbox"/> | Self injury | <input type="checkbox"/> | Sexualised Behaviour (please specify) _____ |
| <input type="checkbox"/> | Property Destruction | | |
| <input type="checkbox"/> | Other (please specify) _____ | | |

E. What is the frequency of your client's challenging behaviour (please tick only one):

- | | | | |
|--------------------------|-----------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Every day | <input type="checkbox"/> | 2-3 times a day |
| <input type="checkbox"/> | Once a week | <input type="checkbox"/> | 2-3 times a week _____ |
| <input type="checkbox"/> | Every month | <input type="checkbox"/> | 2-3 times a month |
| <input type="checkbox"/> | Once every six months | <input type="checkbox"/> | Other _____ |

F. Please indicate the severity of your client's challenging behaviour on a scale of 1 to 5
(please circle only one)

Not severe Very severe

1 2 3 4 5

G. Please indicate the risk of your client's challenging behaviour (please tick):

- | | | | |
|--------------------------|------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Risk to client | <input type="checkbox"/> | Risk to staff |
| <input type="checkbox"/> | Risk to other client's | <input type="checkbox"/> | Risk to community _____ |

Please specify any other information to help the panel understand your client's
challenging behaviours.

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7. How would your service commit time and resources to data collection over the course
of the programme?

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