



- Only an appropriately qualified health professional such as a Physiotherapist, Occupational Therapist can complete and review a Mobility and Lifting Plan.
- Staff members must be appropriately trained to undertake any procedures outlined in this Mobility and Lifting Plan

Name:				CIRTS ID:	
Date of Plan:				Review Due:	
Section 1: Mobility a	nd Lifting Plan				
•	ng Plan has been deve arriers Health and Welll	-		_	nis person's manual handling requirements
Tasks and Procedures to be followed					
Assistance required	for			_	
	TOT	N/A	Procedure(s) to I	oe used:	Equipment to be used:
Moving inside the hou one hand held, moves independently)	se (e.g. walks with	N/A	Procedure(s) to I	oe used:	Equipment to be used:
one hand held, moves	se (e.g. walks with s across floor		Procedure(s) to I	oe used:	Equipment to be used:

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Approved By: Shelley Williams Approved: 14/05/2023



Getting up from the floor		
Moving in bed / changing of position		
Getting changed and into bed at night		
Changing incontinence aid		
Getting in/out of lounge chair		
Bathing – Assist on/off shower chair		
Bathing – Assist in/out Argo bath / bath		
Bathing – Assist on/off aqua bed		
Toilet – Assist on/off toilet		
Vehicle – Assist in/out of vehicle		
Positioning for eating/drinking		
Dressing (e.g. Assistance required to position on bed or chair)		
Other tasks:		



Section 2: Health Professionals involved in the development of this plan			
Profession:			
Name:		Contact Number:	
Address:			
Signature:		Date:	
Profession:			
Name:		Contact Number:	
Address:			
Signature:		Date:	

- If the Physiotherapist or Occupational Therapist is using NDIS LWB 5581 Mobility and Lifting Plan, the training record is captured in **Section 4** of this Plan.
- If the Physiotherapist or Occupational Therapist is using their own template, staff must request that Physiotherapist or Occupational Therapist use the Training Attendance Sheet Template and attach it to the plan template.



Section 3: Consent and Authorisation

I consent to the support requirements as detailed in my Mobility and Lifting Plan to be implemented in order to assist in the management of my manual handling requirements or receive general emergency response as required. If I am unable to give consent, LWB will seek consent from my guardian/person responsible.

Name	Relationship	Signature	Date
	Self		
	Authorised Decision Maker		



Section 4: LWB Staff Declaration (All staff who work with this person to sign)

- ✓ I have read and understood this Mobility and Lifting Plan and understand my responsibility in providing support with this person's manual handling requirements.
- ✓ I have received training in Mobility and Lifting requirements and understand how to use any aids and equipment and will implement this management plan.

Name	Sign	Date	Name	Sign	Date
Name	Sign	Date	Name	Sign	Date
Name	Sign	Date	Name	Sign	Date
Name	Sign	Date	Name	Sign	Date
Name	Sign	Date	Name	Sign	Date
Name	Sign	Date	Name	Sign	Date
Name	Sign	Date	Name	Sign	Date
Name	Sign	Date	Name	Sign	Date
Name	Sign	Date	Name	Sign	Date

Upload to CIRTS as follows:

- 1. Upload completed Mobility and Lifting Plan: Plans & Assessments>New Plan>Exercise, Mobility, Physio, Lifting Plan>relevant dates>add new attachment YYYY.MM.DD
- Upload completed Training Attendance Sheet as an attachment to NDIS LWB 5581 Mobility and Lifting Plan Plans & Assessments > New Plan > Exercise, Mobility, Physio, Lifting Plan > relevant dates > Add New Attachment >

Training Attendance Sheet YYYY.MM.DD

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Review - to be completed by Health Professional

- A Health Professional must review Plans at least annually or as often as determined by the Health Professional. The Health
 Professional should also include signs that, if observed by staff, indicate an immediate review should take place. LWB Disability
 Support Staff must also monitor the person's health in the context of the STOP AND WATCH principles outlines in the NDIS LWB
 5501 Health and Wellbeing Procedure
- Plan Reviews can only be completed by the health professional who originally developed the plan or another health professional with equivalent qualifications. If the health professional has changed since the original plan was developed, they may wish to develop a new plan.
- If the current plan no longer meets the needs of the person we support, a new plan is required.

Treating Health Professional Declaration

I have today reviewed this plan and confirm that it remains appropriate to meeting the needs of the person.

Health Professional Name and Title	Health Professional Signature	Date