NDIS LWB 936 Statement of Informed Choice

Life Without Barriers (LWB) wants to give you every opportunity to live your best life and make choices. This Statement of Informed Choice is our way of looking at how we can support your choice and LWB meet our required obligations.

The Statement of Informed Choice is to be completed when you wish to exercise your rights and make a choice that may sit outside of LWB policy.

All parts of the form related to your choice need to be completed, signed and returned to your LWB support staff.

If you have any questions about this form. Contact the LWB staff member you feel most comfortable talking with.

Part A: Client Details:			
Name:		Date:	
Address:		DOB:	
Phone:		Email:	
Supports Received:	☐Lifestyle Supports ☐ Shared Supported Living (SSL) ☐ Health Therapy Wellbeing	☐ Short Term Accommodation & Assistance (STAA) ☐ Support Coordination	

Part B: Details of Person Assisting Client to Complete Form (complete as applicable)			
Name:		Date:	
Relationship to client:		Email:	
Phone:			
Details:	I Independently make my decisions: I have been legally appointed as a decision-maker: I have been nominated as a decision making support:	☐Yes ☐ No ☐Yes ☐ No ☐Yes ☐ No	
	What assistance have you provided in completing this form:		

ALERT!

When filling out Part C of this form, if your choice sits in areas marked in **RED**. LWB requests that you contact healthdirect Australia 1800 022 222, ***your Doctor or Health professional*** for their ***advice***.

LIFE WITHOUT BARRIERS

NDIS LWB 936 Statement of Informed Choice

Part C: Specific area related to identified risk		
Medication	☐Yes ☐No	Please specify (for example declining to take seizure medication) Please contact healthdirect, your Doctor or Health professional for their advice
Declining Medical Treatment	☐Yes ☐No	Please specify (for example regular check up with GP) Please contact healthdirect, your Doctor or Health professional for their advice
Declining Support (activities of daily living)	☐Yes ☐No	Please specify (for example declining to Please contact healthdirect, your Doctor or Health professional for their advice
Declining Support (Medical)	☐Yes ☐No	Please specify (for example wound care) Please contact healthdirect, your Doctor or Health professional for their advice
Participation in Activity:	☐Yes ☐No	Please specify activity (for example solo yachting)
Use of illegal substances	☐Yes ☐No	Please specify (for example cannabis)
Use of legal substances	☐Yes ☐No	Please specify (for example tobacco/alcohol)
Declining referral to another service	☐Yes ☐No	Please specify (for example Allied Health)
Unsafe Actions	☐Yes ☐No	Please specify (for example gambling, criminal activity, wandering)
Hazard Exposure	☐Yes ☐No	Please specify (for example sun exposure, sharps, unsafe sex)
Environmental & Social	☐Yes ☐No	Please specify (for example travel/transport, stranger danger, extreme cultural or religious activities)
Other	☐Yes ☐No	Please specify

Part D: LWB has worked with me to		
Explain the risk and develop a risk assessment	☐Yes ☐No	Date & detail of discussion:
Tell me how my choice goes against LWB policy.	☐Yes ☐No	Date & detail of discussion:
Help me look at different ideas and ways to support my choice	☐Yes ☐No	Date & detail of discussion:

LIFE WITHOUT BARRIERS

NDIS LWB 936 Statement of Informed Choice

Explain LWB is unable to support me with my choice. As LWB thinks the level of risk or possible harm is too high.	☐Yes ☐No	Date & detail of discussion:

Part E: My declaration to exercise my rights and choice:		
I understand the risks and possible harm of my choice.		☐Yes ☐No
I accept the risk of any harm or injuries that may happen to me due to my choice. I will not hold LWB or any of its employees neglectful or responsible for harm resulting from my choice.		☐Yes ☐No
I request the choices recorded in this document be respected and observed:		☐Yes
Client Name:		Date:
Person Assisting Client:		Date:
LWB Representative:		Date:

LWB will upload a copy of your completed Statement of Informed Choice to your CIRTS file.

Upload to CIRTS as follows:

Legal > Consents > Add New Consent > Statement of Informed Choice > SURNAME, First Name. YYYY.MM.DD

For Office Use Only:

 **UPLOADED TO CIRTS**	**STAFF NAME:**	**DATE UPLOADED:**	**SIGNED:**
Copy of completed form returned to the client	**STAFF NAME:**	**DATE:**	**SIGNED:**