**Checklist Prior to Application Submission – Verification**

This checklist has 3 parts:

1. ‘Spiels’ to be added to your NDIS online application.
2. This is primarily based on the Document Control Register you have adapted from the Risk Management section of the Verification Model. It is assumed that you have chosen to adopt / adapt the documents provided. If this is not the case you will need to adapt the checklist and the spiels provided to reflect your adopted practice.
3. Insurance documents

**PART A**

| **No** | **Document** | **Status Required When Insert in Application** | **Solo AHP** | **Larger Providers** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| **‘Spiels’ for NDIS on-line application** | | | | | |
|  | Human Resource Standard | Adapted to **accurately** reflect your practice & strategies listed are adopted / used. As added to the application you do not submit these.  (Note: Your auditor will likely appreciate having a document that includes all you ‘spiels’ in one place.) | Nil additional | Also understood by your team | For larger providers, auditors may ask to speak to team members to verify that they know about the strategies listed in the spiel |
|  | Incident Management Standard |
|  | Complaints Management Standard |
|  | Risk Management Standard |

**PART B**

Insert **✓**if completed and ready to be sent to the auditor.

| **No** | **Document Title – from Document Control Register** | **Status Required When Send to Auditor** | **Solo AHP** | **Larger Providers** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| **Policies** | | | | | |
|  | Incident Management Policy | Adapted, understood by your team & adopted/used |  |  | For larger providers, auditors may ask to speak to team members to verify that they know about the policies.  Auditors will want to see education of these policies on your Annual Training Plan |
|  | Feedback and Complaints Management Policy |  |  |
|  | Risk Management Policy |  |  |
|  | Safe Practice and Environment Policy |  |  |
|  | Privacy and Information Management Policy |  |  |
|  | Service Delivery Model |  |  |
| **Forms / Documents / Registers** | | | | | |
| F1 | Human Resource Register | Completed & up to date |  |  | Auditors will want to see evidence you have reviewed the registers and you are up to date and compliant |
| F2 | Compliance Calendar |  |  |  |
| F3 | Annual Training Plan |  |  |  |
| F4 | Incident and Complaint Report | Example of a completed one |  |  |  |
| F5 | Incident Investigation Form | Example of a completed one if applicable |  |  |  |
| F6 | Incidents and Complaints Register | Complete & up to date |  |  |  |
| F7 | NDIS Service Agreement | In use & contents explained to participants |  |  |  |
| F8 | Participant Survey Form | In place |  |  |  |
| F9 | Participant Survey – Interviewer Instructions | In place |  |  |  |
| F10 | Participant Survey Form – Summary of Results Form | **By the time of the audit** – Survey completed, analysed & any corrective action being taken / planned to be taken. Have plans for annual audit |  |  |  |
| F12 | Risk Management Register | Adapted, understood by your team & strategies adopted/used |  |  |  |
| F13 | Community Safety Checklist | If provide community services - Example of use e.g. risks identified & strategies in place in participant Support Plan |  |  |  |
| F14 | In-Rooms Safety Checklist | If provide in-room services – Example of use |  |  |  |
| F15 | Support Plan | In use & contents explained to participants |  |  |  |
| F16 | Goal Attainment QI Activity Form | **By the time of the audit** – Survey completed, analysed & any corrective action being taken / planned to be taken | Not required for this audit but planned to complete annually for next 2 years. |  |  |

**PART C**

Insert **✓**if completed and ready to be sent to the auditor.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Insurance** | | | | | |
|  | Insurance Policies – copies provided – use front sheet provided in Risk Management documents | Make sure all current |  |  |  |