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Family &  
Community  
Services

# Holiday Guidelines Tools and templates

Summary: The Holiday Guidelines Tools and templates provide resources to be completed when supporting a person with holiday planning.





# Tools and templates

## Holiday

1. My holiday planner
2. Checklist for visits with family / friends
3. Request to incur expenses form
4. Ministerial Briefing Note example (see separate attachment)
5. Ministerial Briefing Note template



# My holiday planner

## Section A My holiday details and itinerary

### My details

<b>My name is</b>	
I like to be called	
My home address	
When I was born	
I am	<input type="checkbox"/> female <input type="checkbox"/> male
My phone number	
Medicare card	
Health care card	

Attach a current photo of me here



### My holiday details

I am going on a holiday: (Tick the relevant box and provide the destination)

within NSW                     
  interstate                     
  overseas

Destination: \_\_\_\_\_

I will travel there by (mode of transport): \_\_\_\_\_

I will be staying at: (provide name and address of accommodation):

\_\_\_\_\_

\_\_\_\_\_

I will be away from (date): \_\_\_\_\_ until (date): \_\_\_\_\_

My holiday is being organised by (please tick and provide contact details):

Family/friend                     
  holiday provider                     
  Other

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

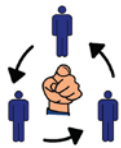


**My itinerary**

Itinerary attached  Details provided below

Departure date	Arrival date	Address of accommodation	Contact number

**Section B About me and my support requirements**



**I WILL BE SUPPORTED DURING MY HOLIDAY BY:** (please tick and provide details below).

<input type="checkbox"/> Family / friend		<input type="checkbox"/> Holiday provider		<input type="checkbox"/> Other	
Name		Name		Name	
Phone		Phone		Phone	
Mobile		Mobile		Mobile	
Email		Email		Email	

THE FOLLOWING IMPORTANT INFORMATION ABOUT **HOW TO SUPPORT ME TO STAY HEALTHY AND SAFE** DURING MY HOLIDAY IS ATTACHED:

Support	Yes	Not applicable	Additional comments
<p><b>Client Risk Management Plan</b> Staff are required to review the person's Client Risk Profile if the person is going on a holiday for the first time, or they are going to a new holiday destination or their needs have changed since the last review. Attach a copy of the Client Risk Management Plan and any additional support plans as indicated below.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>One page profile</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Communication profile / plan / tools</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Medication plan / Medication</b>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Support</b>	<b>Yes</b>	<b>Not applicable</b>	<b>Additional comments</b>
<b>chart</b> Ensure that Webster Packs for all medication required during the holiday are arranged and ready to take for the holiday. If the person is travelling overseas a letter may be required from the GP authorising the need for the medications.			
<b>Mealtime management plan / eating and drinking plan</b> Ensure that the Nutrition and Swallowing Checklist is up to date and review if required.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Behaviour support plan</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Health care</b> Check the person's Health Care Plan to identify any medical and health alerts e.g. allergies, specific health conditions that may impact on the holiday. A copy of the Health Care Plan may be attached if there are complex health issues otherwise attach only specific health management plans as per below.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Epilepsy management plan</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Asthma management plan</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Diabetes management plan</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Bowel management plan</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Manual handling plan</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other plan (name):</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other plan (name):</b>	<input type="checkbox"/>	<input type="checkbox"/>	

Staff must ensure that all people involved in supporting the individual are informed of any work, health and safety risks and management strategies relating to any of the person's support arrangements identified below.



**I MAY ALSO NEED ASSISTANCE WITH SOME OF THE FOLLOWING DAILY LIVING ACTIVITIES:**

<b>Activity</b>	<b>Provide information on the level of support required, personal preferences or indicate any relevant support plans that are attached</b>	
<b>Access and mobility needs</b> e.g. Lifting, manual handling or mobility aids e.g. hoists, wheelchair		
<b>Personal care</b>	Hygiene	
	Toileting	
	Menstrual care	
	Dressing	
	Grooming	
<b>Money skills</b>	Shopping	
	Using money	
Other information relevant to my holiday		

**THE THINGS THAT I LIKE TO DO ON HOLIDAYS ARE:** (provide details below)


**THE THINGS I DON'T LIKE TO DO ON HOLIDAYS ARE:** (provide details below)




## Section C My holiday budget

### My annual budget

<p><b>I have sufficient funds in my annual budget to pay for the holiday?</b></p>	<p><input type="checkbox"/> <b>Yes Please attach a copy of the annual budget</b></p>
<p>If 'no' provide details of how the holiday will be funded</p>	

### My holiday budget

Item	Estimated cost
Airtfares	
Surface travel (car, train, bus)	
Travel insurance	
Accommodation	
Meals	
Entry and excursion fees	
Entertainment	
Special clothing costs	
Spending money (For the person only. Support staff are responsible for their own spending money)	
Other:	
Other:	
Additional items for overseas travel	Estimated cost
Passport	
Visas	
Travel and medical insurance	
Departure taxes	
Health checks and vaccinations	
Other:	
Complete this part <b>ONLY</b> when ADHC staff assisted holidays are being recommended <u>and</u> Section F of the Holiday Planner has been completed	Actual cost
Actual costs for the staff member/s salary	
Any award related allowances	
Staff backfill costs	
Holiday travel costs (Airtfares and surface travel)	



Item	Estimated cost
Accommodation	
Entry or venue costs where direct assistance is required	
Visas (overseas travel)	
Departure taxes (overseas travel)	
Other:	
Other:	
Total cost of my holiday	\$



## Section D My emergency contacts

### ADHC contacts

Contact	Name	Phone number
Person's group home or LRCSSL unit		
Manager (9 to 5 only)		
After hours emergency contact		
Regional Manager or Manager LRCSSL equivalent		

### Family / guardian

Name	Relationship	Phone number

### Person or organisation providing support – 24 hours access is required during holiday

Name of person or organisation	
Phone	Mobile
Other (pager, email)	



### Medical contacts

<b>GP Name</b>			
Phone		After hours number	
Other medical alerts	Provide name and contact details if required:		
Health Direct (24 hours health advice line)			1 800 022 222

### Travel and medical insurance

<b>Insurance provider</b>	
Policy number	
Emergency contact number	

### Holiday is to be terminated before scheduled return date

e.g. injury, illness to the person or holiday provider, behaviour support issues.

<b>How would the person be brought home?</b>		
Who would bring the person home?	<b>Name</b>	<b>Phone</b>

## Section E Consent and endorsement

### Consent

Tick the relevant box and provide the name of the person giving consent

<input type="checkbox"/> Self	<input type="checkbox"/> Family member	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other

I give consent for: \_\_\_\_\_ (name of person) to participate in the holiday with the support arrangements as outlined in the Holiday Planner.

The person will be absent from their normal place of residence from:

\_\_\_\_\_ (date of departure) to: \_\_\_\_\_ (date returned home).

I acknowledge that support will be provided by: \_\_\_\_\_ (name of support person / holiday provider).

I understand that information about the person will be given to the support person / holiday provider and I give permission for this information to be provided to them.

I understand that the holiday involves some risk to the person or their property.

I am satisfied that ADHC staff have taken all reasonable steps to identify risks to the person or property in relation to this holiday, and have taken or recommended appropriate steps to minimise these risks.

ADHC staff have explained to me any particular risks they have identified, and I acknowledge that I am aware of these risks.

I confirm my consent to the person participating in this holiday at the person's risk.

<b>Signed</b>		<b>Date</b>	
---------------	--	-------------	--

### Endorsement (to be completed by ADHC staff ONLY)



This is to confirm that holiday arrangements, including all approvals and consents for:

\_\_\_\_\_ (name of person going on holiday) have been completed in accordance with the Holiday Planner and that staff are aware that the person will be away from their residence.

<b>Name of Team Leader or equivalent LRCSSL position</b>			
Signature		Date	



**Endorsed by:**

<b>Delegated officer (please tick the relevant position)</b>	<b>Name</b>	<b>Signature</b>	<b>Date</b>
<b>Within NSW</b> <input type="checkbox"/> Coordinator A&R <input type="checkbox"/> Nurse manager Accommodation & Nursing Services <input type="checkbox"/> Nurse Manager, A&NS (NMANS)			
<b>Interstate</b> <input type="checkbox"/> Manager A&R <input type="checkbox"/> Manager, SSL <input type="checkbox"/> Principal Nurse Manager, Accommodation & Nursing Services			
<b>Overseas</b> <input type="checkbox"/> Regional Manager A&R <input type="checkbox"/> Director, SSL <input type="checkbox"/> Chief Executive Officer, LRC			

*The delegated officer is also responsible for ensuring that all levels of management within their Regions/SSL/LRC are aware of the person's absence from their residence.*

## Section F Request for ADHC staff assisted holiday

Section F is to be completed in (addition to Sections A to E) **only** if all other holiday options have been exhausted and the person cannot be supported by a family member or a holiday provider.

NOTE: Staff must refer to Section 1.12 Exceptional Circumstances **before** completing this section.

### 1 What holiday options were considered?

Please provide details of the holiday options that were considered:

### 2 Reason why the person cannot be supported any other way

Please provide details and attach supporting evidence. For example copies of quotes sought and responses from holiday providers. If the person has particular support requirements due to health, safety or behaviour risks please make sure these are identified in Section B above and provide an explanation why the support can only be provided by an ADHC staff member.

### 3 Staff support requirements

Provide details of the level of staffing resources required.

#### 4 Total staff support costs

Please provide a total cost and ensure that itemised details of staff support costs are included in Section C of the Holiday Planner (My Holiday Budget) above.

Request completed by Team Leader/equivalent SSL or LRC position		Request endorsed by Regional Manager A&R/SSL or LRC equivalent	
Name		Name	
Position		Position	
Signature		Signature	
Date		Date	



#### Approval

Approval for staff travel must be obtained **prior** to finalising holiday arrangements and making bookings. Please see **Section 1.12.2** of the Holiday Guidelines if more information on approval delegations is required.

Destination	Name and signature	Date
Within NSW <input type="checkbox"/> Regional Manager A&R <input type="checkbox"/> Director, SSL <input type="checkbox"/> CEO, LRC		
Interstate <input type="checkbox"/> Regional Director <input type="checkbox"/> Executive Director, LRCSSL (for both SSL and LRC Units)		
Overseas <input type="checkbox"/> Minister	The Minister's approval will be shown on the Ministerial submission accompanying the Holiday Planner	

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# Checklist for visits with family / friends

## Section A My details

### My details

My name is	
My home address	
Phone number	
Medicare card	
Health care card	



### I am going on a visit to my family / friend

Name	Relationship	Phone	Mobile

### My itinerary

The address I will be staying at is			
I will be travelling there by (mode of transport including to and from airports)			
I will be away from (date)		until (date)	



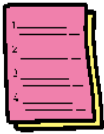
### Are there any costs associated with the visit?

No

Yes Total amount required \$ \_\_\_\_\_

A 'Request to incur expenditure' form must be completed. If the person is under formal financial management please ensure the relevant documentation and approval is attached.

## Section B Support needs to consider



It is good practice to make sure that the person's Risk Profile, Health Plan and any related management/support plans are up to date **prior** to planned visits to ensure that all health and safety risks have been addressed and the family is aware of the person's current support needs. This is particularly important if the visits are infrequent or it's a first time visit.

### Health and safety issues

Support	Required?		Comment
	Yes	Not applicable	
Medication plan	<input type="checkbox"/>	<input type="checkbox"/>	This must be provided at every visit if the person is prescribed medication
Webster-Pak®	<input type="checkbox"/>	<input type="checkbox"/>	This must be provided at every visit if the person is prescribed medication
Mealtime management plan	<input type="checkbox"/>	<input type="checkbox"/>	This must be provided at every visit if required for the person
Health management plans (e.g. Epilepsy management plan; Diabetes management plan; Asthma management plan)	<input type="checkbox"/>	<input type="checkbox"/>	
Communication aids	<input type="checkbox"/>	<input type="checkbox"/>	
Aids and equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Other plan (name):	<input type="checkbox"/>	<input type="checkbox"/>	
Other plan (name):	<input type="checkbox"/>	<input type="checkbox"/>	
Other plan (name):	<input type="checkbox"/>	<input type="checkbox"/>	

### Any other relevant information for family / friend visit






## Section C Endorsement

This section must be completed.

### Checklist for family / friend visit endorsed by:

Delegated officer	Name	Signature	Date
Team Leader or RNUM			
Coordinator A&R or equivalent LRCSSL position			

The Coordinator A&R or equivalent LRC/SSL position is responsible for notifying all levels of management within their Region of the person's absence from their residence.



# Request to incur expenses

Person's name			
Address			
Date of birth		CIS number	
<b>Request number</b> (order sequentially from the start of each financial year)			

## Details of expense requested – Items / service:


Name of item / service	Cost (\$)
<b>Total cost</b>	

## Supporting attachments:

<input type="checkbox"/> Personal budget	
<input type="checkbox"/> Lifestyle Plan information	<input type="checkbox"/> Professional assessments
<input type="checkbox"/> Holiday Planner	<input type="checkbox"/> Other
<input type="checkbox"/> Evidence (e.g. photo of goods, cut out from magazine/ newspaper)	

## Request prepared by:

Name	Signature	Date

## Person's approval (if able):

Name	Signature	Date

*Complete the endorsement and approval section on the next page.*



## Endorsement

All requests must be supported by endorsement from the relevant line manager. Signatures may be necessary from multiple managers to support expenditure for high value purchases.

### \$100 – \$250 (Team Leader / RNUM)

Name	Signature	Endorsed	Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### \$251 – \$500 (Coordinator A&R / NMANS)

Name	Signature	Endorsed	Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### \$501 – \$1000 (Manager A&R / PNMANS)

Name	Signature	Endorsed	Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Over \$1001 (Director, Disability & Home Care Services / CEO)

Name	Signature	Endorsed	Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Approval

All requests must be supported by approval from the appropriate person. Only one signature is necessary.

Family  NSW Trustee and Guardian  Private Financial Manager

Name	Signature	Approval	Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Note:** Once all approvals and endorsements are obtained and goods are purchased, this request must be filed within the person's Financial File.

## Capture the subject in a brief, one-line title

<b>Topic</b>	Summarise the issue and context in one or two sentences and no more than four lines.
<b>Analysis</b>	Summarise FACS' conclusions using one or two sentences and no more than four lines. Capture the key reasons that support your recommendation, which you will expand on below.
<b>Approval by</b>	Add DD Month YYYY and a reason for this date.

## Recommendations

1. Outline the action you are seeking to have approved.
2. Start each recommendation with the word 'Approve', 'Note', or 'Sign'.
3. Number your recommendations only if there is more than one.

<Deputy Secretary,  
Executive Director,  
District Director>  
approval

Date

## Key reasons

You will use this template when you are seeking formal approval for a decision. In some cases, there may be additional recommendations to note some information and/or sign a letter. But if the purpose is purely informational, use the 'For information' template.

## Structure by reasoning

Structure this section by the reasoning that supports your recommendation rather than by the narrative of your research. Consider **why** the Minister should support the recommendation. The reasons would follow a 'because...' statement. Use these to structure your content.

## Use analytical headings to capture each reason

Summarise each reason in the subheadings of this section. The text under each heading will then provide the evidence supporting each reason.

This approach means readers can understand the topic, analysis and recommendation above, then scan the headings to overview the main points of the argument. They can navigate effectively to the details they need in priority order when making a decision.

## Foreground the most important reasons

If the topic calls for more extensive analysis, cover the most important reasons here and the rest in the 'Further analysis' section over the page.

You can also use attachments (labelled consecutively **TAB A**, **TAB B** and so on) to add further background or evidence. But capture all the key information in the brief itself.

## Keep the brief short and to the point

Consider your reader's needs rather than the level of detail you may prefer. How much, for example, will the Minister really need to understand and act on your recommendations? As a guide, write so that the 'Key reasons' section does not go over the first page.

Use the pre-set styles in the template and do not vary the formatting, such as the font or margins. Delete or overwrite all the instructional text.

## Further analysis

### In this section

Any further analysis should add to the key issues on the first page, with subheadings to signpost each issue. While further analysis and a 'Next steps' section are not compulsory, always include the 'Financial impact' and 'Risks / contentious issues' sections.

### Next steps

It might be useful to include analysis of what happens next, particularly if:

- the issues are complex or sensitive
- it is not clear what the response or actions from FACS or other agencies will be.

### Financial impact

Include this section if there is a financial impact or if the issues suggest that there could be a cost (even if there is none). If there is no financial impact, state 'Nil impact'.

### Risks / contentious issues

Identify any risks related to this matter. These might include legal, resource, business continuity or reputational risks or other public perception risks. If none, state 'Nil risks'. Rate each risk as 'low', 'medium' or 'high' and discuss mitigation strategies or controls.

## Background

### Add concise summaries of facts

Rather than giving a chronology, include key context and facts. For a policy matter, give succinct information about the issues, evidence or events that add vital context. For a client matter, briefly describe the client and their circumstances. Consider a short table, such as:

Child	DOB	Aboriginal	Mother	Father	Legal status	Current carer
Jack Aspen	12/12/07	No	Lee Forest	Peter Aspen	PR to Minister until 18	Foster carer
Jill Aspen	31/11/05	No	Niamh Yew	Peter Aspen	Family Court orders	Mother

### Focus on what FACS has done

Use subheadings to indicate significant issues or areas of concern, or to state clearly what actions and decisions FACS has taken and what the outcomes were. But only summarise processes and steps taken if they are essential to understanding the outcome.

### Consultation and communication strategy

Note who was consulted in preparing the brief or what ongoing communication is proposed.

## Attachments

Tab	Title
A	Use a clear title for each attachment
B	

## Approval

Position	Name	Signature	Date
[Policy officer]	Add name	In this column, note who the author and accountable officer are	DD/MM/YYYY
Director			
Executive Director			
Deputy Secretary			