



This form should be provided with the bathroom modification application submitted using the [Home/Access Modifications Application form \(D1327\)](#) with other supporting documents as outlined in Part K of the D1327. If DVA agrees to progress the application, DVA will notify the OT and will forward a request for a quote with the OT documentation to the contracted supplier nominated on the D1327 assessment form.

Client Name: _____ DVA Card No: _____

Draft OT recommendations or final OT recommendations

☐ Draft recommendations Date: ____/____/____

☐ Final Recommendations Date: ____/____/____

Has a joint site visit taken place with the builder who is a subcontractor to the nominated RAP MFS Contracted supplier? ☐ Yes ☐ No

If yes, date of site visit: _____

Persons present at site visit: _____

General Description of Proposed Modifications

Bathroom to be modified:

☐ Ensuite ☐ Main bathroom ☐ Other: _____

Please tick all relevant items required for this modification.

Occupational Therapist's recommendations for complex modification – bathroom		Comments
General OT Recommendations for Demolition Remove existing fittings and fixtures located in the bathroom as clinically or structurally required	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Flooring Prepare floor for the optimum size level access shower recess	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Proposed shower recess dimensions _____mm x _____mm <i>Note: Refer to AS 1428.1 (2021) with consideration of circulation space for person, equipment and carer/s.</i>		



Occupational Therapist's recommendations for complex modification – bathroom		Comments
Floor recess to be continuous with full bathroom floor and sloped to drainage outlet (with no lips or hobs)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Proposed level access/hobless shower recess is positioned away from the door to enable suitable floor gradient for water drainage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Waterproof floor and walls in bathroom to meet the relevant codes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
There is level access into the bathroom with no lips or steps between the bathroom and adjoining rooms: <input type="checkbox"/> Hallway <input type="checkbox"/> Adjoining bedroom <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If level access into the bathroom cannot be achieved, is a threshold ramp required at bathroom doorway?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, gradient of threshold ramp: _____ Length: _____ mm Width: _____ mm Height _____ mm Preferred material for threshold ramp _____		
Splayed sides consistent with the length of the threshold ramp are required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lay slip-resistant flooring with compliant with the specific gradient reference in AS1428.1 <i>Note: Flooring gradients as per AS 1428.1 (2021), shower base gradient 1:60 – 1:80, entire bathroom floor gradient 1:80 – 1:100</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Floor surface material: <input type="checkbox"/> Tile <input type="checkbox"/> Vinyl		
Slip resistance rating to be a minimum of R10/ P3	<input type="checkbox"/> Yes <input type="checkbox"/> No	



Occupational Therapist's recommendations for complex modification – bathroom		Comments
<p>Type of floor waste as decided with builder:</p> <p><input type="checkbox"/> Floor waste</p> <p><input type="checkbox"/> Strip drain</p> <p><i>Note: The style of drain may impact the ability to achieve a level position for a shower stool / chair.</i></p>		
<p><u>Walls</u></p> <p>Position of internal wall supports (studs or sheeting) for grab rail and hand-held shower hose (HSH) installation to be discussed with builder</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
<p>Tiling or wall covering to 2000 mm above finished floor level in shower recess area. Splash back tile / wall covering around the hand basin. Skirting tile or sealed vinyl coving to the remainder of the room</p> <p><i>Note: It may be necessary to extend tiling an appropriate distance to meet the relevant codes. Builder advice is required. As per RAP guidelines, the closest match to the existing tiles is usually considered adequate.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	
<p><u>Door</u></p> <p>Widen existing bathroom doorway to a minimum of _____mm clear door opening to accommodate a:</p> <p><input type="checkbox"/> 770mm door</p> <p><input type="checkbox"/> 820mm door</p> <p><input type="checkbox"/> 870mm door</p> <p><input type="checkbox"/> 920mm door</p> <p><i>Note: The clear door opening is approximately 50 mm less than the width of the door.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
<p><u>Door options:</u></p> <p><input type="checkbox"/> Reswing door</p> <p><input type="checkbox"/> Install new inward swinging door to suit new doorway width</p> <p><input type="checkbox"/> Wall mounted sliding door</p> <p><input type="checkbox"/> Within room</p> <p><input type="checkbox"/> External to room</p> <p><input type="checkbox"/> Cavity sliding door</p> <p><input type="checkbox"/> Not applicable as existing to be retained</p> <p><i>Note: A cavity sliding door should only be considered if the other, simpler door options are not suitable.</i></p>		
<p>Door hinged on: <input type="checkbox"/> Left <input type="checkbox"/> Right</p>		
<p><u>Windows</u></p> <p>Modify window / glass if required to comply with relevant building code</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	



Occupational Therapist's recommendations for complex modification – bathroom		Comments
Shower Fittings <u>Handheld shower hose:</u> Install HSH on load bearing sliding grab rail <i>Refer to AS 1428.1 (2021) for specific details of location.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Consider the need for a restrictor device on a HSH if a toilet is located in the room <i>Refer to AS 1428.1 (2021) for specific details.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<u>Style of shower recess tapware</u> <input type="checkbox"/> Separate hot / cold taps <input type="checkbox"/> Combined mixer tap Please specify any additional recommendations for taps (for example, short lever, quarter turn, cross handle)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Location and height of taps required indicated on diagram	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Grab rails in shower recess</u> Location, height and orientation of grab rails indicated on diagram	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<u>Shower curtain / track / screen</u> Install track and weighted shower curtain <i>Note: Consideration should be given to the height of the track and length of the shower curtain so water is appropriately contained.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is a small, fixed glass panel required for water protection or electrical compliance? <i>Note: A standard fixed shower screen is not provided because installation will reduce circulation space. However, if required for compliance with electrical codes and/or to protect vanity and/or the shower cannot be positioned away from the door, a smaller fixed glass panel may be justifiable.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Position of fixed glass panel indicated on diagram	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Dimensions of panel Width _____ mm Height _____ mm		



Occupational Therapist's recommendations for complex modification – bathroom		Comments
Toilet <i>Note: Toilets can only be repositioned in an existing bathroom. Client can pay for toilet installation where toilet does not exist if circulation space is not affected.</i> <i>Toilet pedestal design may impact the installation of toilet rails and bidets and may limit the use of a wheeled shower commode.</i>		
Midline of toilet 450mm from wall	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Standard toilet set out from wall	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If not standard, set out to be _____ mm		
<u>Type of toilet pedestal</u> <input type="checkbox"/> Standard <input type="checkbox"/> Care pan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Proposed height of new toilet pedestal _____ mm		
Location / orientation of toilet grab rails indicated on diagram	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is bidet seat installation required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Brand and model of contracted bidet seat _____ <small>Note: DVA contracted options should be used. Consider weight capacity and compatibility of the recommended item with the toilet pedestal when prescribing.</small>		
Power point for bidet	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is RPZ Device required for bidet? <small>Note: An RPZ device may not be required if the bidet seat has an inbuilt back flow protection. DVA will not fund an RPZ device if not required by the regulator. All DVA contracted bidets have inbuilt back flow protection.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Location of RPZ Device <input type="checkbox"/> At the toilet (indoors OR outside wall backing on to toilet) <input type="checkbox"/> At the boundary <small>Note: An RPZ device installation may affect water pressure within the home in areas with low mains pressure or homes with older pipes.</small>		



Occupational Therapist's recommendations for complex modification – bathroom		Comments
Hand Basin <u>Style of hand basin</u> <input type="checkbox"/> Re-use existing if possible <input type="checkbox"/> Wall-hung <input type="checkbox"/> Semi-recessed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Height of hand basin: _____mm above floor level		
Location of hand basin indicated on diagram	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<u>Style of hand basin tapware</u> <input type="checkbox"/> Separate hot / cold taps <input type="checkbox"/> Combined mixer tap Please specify any additional recommendations for taps (for example, short lever, quarter turn, cross handle). A combined mixer tap will not be provided if a vanity is re- installed that has separate hot and cold taps	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Install shaving cabinet (power point installed inside) at a height appropriate to meet functional needs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Electrical considerations General compliance with relevant electrical standards has been considered, particularly if power point/s need to be relocated as result of the complex bathroom modification. Electrical compliance is the responsibility of the contractor <i>Note: IXL Tastic heater/lights/exhaust fans are not provided under RAP, but the client can fund these items (refer to "Client-Funded Standard Household Items" section below)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Light switch requires relocation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ventilation fan switch requires relocation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Height and location of power points/ light switches is specified. Height: 900 mm – 1000 mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



Occupational Therapist's recommendations for complex modification – bathroom		Comments
Painting Painting includes only surfaces disturbed by the modifications which may include parts of ceilings, walls & doors	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Basic Modifications and Normal Household Items <i>DVA generally only pays for basic modifications and items. The homeowner may choose higher cost items, additional modifications or changes to decor to be completed at the same time as the essential modification but these are at the homeowner's own expense. The client is responsible for normal household items (for example, mirrors, soap holders / wall niche, towel rails, fans, lights, heaters, hot water services, security doors and windows). These items should not be included in the main recommendations list proposed for DVA funding.</i> <i>These items or additional work should be <u>clearly itemised in a separate quote</u> presented to the home owner. Please list self-funded items in comments section. They will not be funded under RAP.</i>		
A separate itemised list for client funded items has been provided	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
General <i>It has been discussed with the client and builder that all work is to be carried out in accordance with any relevant Building Codes, Local Authority Regulations and Australian Standards. The builder is responsible for ensuring that Codes, Regulations or Australian Standards are being met. It is the builder's responsibility to verify all dimensions before work commences</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Alternative showering / bathing arrangements have been discussed (for the period while the modification work occurs)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Has the client been advised of his / her responsibility in terms of ongoing maintenance of the bathroom? <i>Note: General bathroom maintenance is the responsibility of the home owner.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If final recommendations, please provide clinical reasoning for any significant changes to the draft recommendations:



Diagrams including measurements attached (please attach and tick). ☐ Yes No ☐

[Final Authority to Install \(D1323\)](#) attached which reflects the final recommendations ☐ Yes ☐ No

OT Signature: _____ Contact Number: _____

OT Name: _____ Contact Email: _____