Consent for your NDIS information

Consent is a record of the permission you have given.

If you’re 18 or older, you have the right to make decisions about your business with the NDIS. That’s why we need a record of your consent before we share your information with anyone else or let someone else do things for you.

Please use this form if you want to give your consent:

* for the National Disability Insurance Agency (NDIA) to share your National Disability Insurance Scheme (NDIS) information with a person or organisation you choose
* to allow another person or organisation (third party) to do things for you with the NDIS.

For example, you might want to give consent for a family member who supports you to view your current plan and submit a home modification request for you.

You can give consent if you’re the:

* applicant
* participant
* child representative or plan nominee for the participant
* legally appointed decision maker for an applicant.

When we say applicant, we mean someone who is applying to the NDIS.

You don’t have to use this form to give your consent. You can let us know over the phone by calling 1800 800 110 or by contacting us in any of the ways listed under [How do I return this form to the NDIA.](#_How_do_I)

We’ll only share your personal information if you’ve given your consent to the NDIA to do this. Or, if we’re required or authorised to disclose your information by law.

You can take away your consent at any time. You can let us know by mail, email, in person or over the phone that you no longer consent to us sharing information on your behalf.

# How do I return this form to the NDIA?

There are a few ways you can return this form to us:

* **Email for applicants**: [NAT@ndis.gov.au](mailto:NAT@ndis.gov.au)
* **Email for participants**: [enquiries@ndis.gov.au](mailto:enquiries@ndis.gov.au)
* Mail: NDIA, GPO Box 700, Canberra ACT 2601
* In person: Visit a **local area coordinator**, **early childhood partner** or **NDIS office** in your area.

## ****Part A: Applicant/participant details****

|  |  |
| --- | --- |
| Full name | Click or tap here to enter text. |
| Date of birth (DD/MM/YYYY) | Click or tap here to enter text. |
| NDIS number | Click or tap here to enter text. |
| Contact phone number | Click or tap here to enter text. |
| Contact email | Click or tap here to enter text. |

Once you have completed Part A (above):

* If you’re the applicant or participant, complete [Part C](#_Part_C:_Give) then sign the declaration in [Part D](#_Part_D:_Your).
* If you’re the **child** **representative**, **plan** **nominee** or **other** **legally** **appointed** **decision** **maker**, complete [Part B](#_Part_B:_Child) and [Part C](#_Part_C:_Give). You’ll then need to sign the declaration in [Part D](#_Part_D:_Your).

## **Part B: Child representative, plan nominee, legally appointed decision maker details**

Please provide your details if you’re completing this form on behalf of the applicant or participant:

* under 18 years for whom you are a child representative, or
* for whom you are a plan nominee, or
* for whom you are a legally appointed decision maker (for example, a guardian).

|  |  |
| --- | --- |
| Your full name | Click or tap here to enter text. |
| Your date of birth (DD/MM/YYYY) | Click or tap here to enter text. |
| Your phone number | Click or tap here to enter text. |
| Your email | Click or tap here to enter text. |
| What is your relationship to the participant/ the applicant  e.g. child representative, plan nominee, legally appointed decision maker | Click or tap here to enter text. |
| Employee number or logon (if you are completing this form as part of your job) | Click or tap here to enter text. |

## **Part C: Give consent**

Please complete the details of the person or organisation you’re giving consent to.

If there are more people or organisations you want to give consent to, you’ll need to provide consent for each one individually. Or, you can give your consent over the phone by calling 1800 800 110. You can also contact us in any of the ways listed under [How do I return this form to the NDIA](#_How_do_I).

Please mark the correct box and complete the details below.

I am giving consent to a person.

|  |  |
| --- | --- |
| First name | Click or tap here to enter text. |
| Surname | Click or tap here to enter text. |
| Is this person a NDIS provider or do they work for an NDIS provider? (if applicable) | Yes  No |
| If you answered yes to this question, what is the name of the NDIS provider? | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Address (include street or PO Box number, suburb, state and postcode) | Click or tap here to enter text. |
| Relationship to participant/applicant | Click or tap here to enter text. |

I am giving consent to an organisation. To give consent to an organisation you need to give us the details for at least one key contact below.

Consent is limited to 2 key contacts in the organisation. If your key contacts change, let us know so we can update who in the organisation you have given consent to. Contact us by calling 1800 800 110 or in any of the ways listed under [How do I return this form to the NDIA](#_How_do_I).

|  |  |
| --- | --- |
| Organisation name | Click or tap here to enter text. |
| Key contact’s first name | Click or tap here to enter text. |
| Key contact’s surname | Click or tap here to enter text. |
| Key contact’s position title (if applicable) | Click or tap here to enter text. |
| Is this organisation an NDIS provider? | Yes  No |
| If you answered yes to this question, do they provide NDIS supports to you? | Yes  No |
| Phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Address (include street or PO Box number, suburb, state and postcode) | Click or tap here to enter text. |

**I am providing consent for the person named in section C to have the following types of consent.**

**Consent to share information about:**

my name, date of birth, NDIS participant number and NDIS participant status

my address, email and phone number

details about my carers

details about my informal supports

details about my service providers

assessments and reports the NDIA holds about me

my NDIS application form

the outcome of my NDIS application

if I am found eligible for the NDIS, confirmation of when my first plan is approved

a copy of all parts of my current NDIS plan

a copy of my current NDIS plan’s goals and aspirations

a copy of my current NDIS plan’s funding and support

who my NDIS contact is and how to contact them

a copy of all parts of any previous NDIS plans

a copy of any previous NDIS plan goals and aspirations

a copy of any previous NDIS plan funding and support

all of the above

Consent to change my:

personal details

communication preferences

correspondence preferences

all of the above

Consent to do these things on my behalf:

submit an application form

ask for a plan change

submit claims for my current plan

tell the NDIA about change in my circumstances

make a complaint or give feedback to the NDIA

ask to review a decision made by the NDIA

submit additional information requested by the NDIA

submit a request for assistive technology, home modifications, or other specific supports

all of the above

Are there other things you want the person to do on your behalf, or information you want to share:

If so, please tell us what this is below:

|  |
| --- |
|  |

We’ll do our best to include these other things. If we’re unable to do this, we’ll let you know and explain why.

**How long are you giving consent for?**

One time only  Until a set date (DD/MM/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_

Ongoing (enduring)

## **Part D: Your declaration**

This part needs to be signed by whoever completes this form. This may be the participant, applicant **or** child representative, plan nominee or legally appointed decision maker.

I confirm that:

* I understand I can get further information about how the NDIA handles my personal information from the Privacy Notice or Privacy Policy on the NDIS website. I can find this information on the [NDIS website](https://www.ndis.gov.au/about-us/policies/privacy).
* I understand I have given the NDIA consent to give information about me to the third party or parties I have listed at [Part C](#_Part_C:_Give) on this form.
* I understand that the third party or parties I have given consent to will be able to access my information and/or act on my behalf.
* I understand I can take away or change my consent to share information and/or my consent for a third party to act on my behalf at any time.
* I confirm the information provided in this form is complete and correct.
* I understand giving false or misleading information is a serious offence.
* I understand this information is protected by law and the NDIA can only share it with someone else where Commonwealth law allows, or requires it, or where I give consent.
* I have given my consent freely and no one has pressured me into doing so.

You can find out more about how we collect, use and disclose your personal and sensitive information on our website (ndis.gov.au). Select ‘**About**’, then select ‘**Policies**’, then ‘**Freedom of Information**’, then ‘**Privacy**’ from the menu on the right.

If we don’t agree to your request, we’ll let you know and explain why.

Please sign here to give your consent as indicated in this form.

|  |  |
| --- | --- |
| Signature | Click or tap here to enter text. |
| Name | Click or tap here to enter text. |
| Date (DD/MM/YYYY) | Click or tap here to enter text. |