

## Please complete this form to make a Participant Information Access request.

All fields marked with an asterisk (\*) are required.

### What information do you want?

#### ☐ Your NDIS application

You can ask for information about your NDIS application, including any information provided to support your application and the reasons for the access decision.

#### **Your Current Plan**

##### ☐ Access Request Form

The Access Request Form (ARF) is the form you complete to apply for the NDIS. It also includes any medical documents you submitted with your ARF. Find out more about the [ARF](#).

##### ☐ Access decision letter

When we decide if you are eligible for the NDIS, we call this an 'access decision'. We send you a letter to tell you if you are eligible, to explain the reasons for the access decision and your next steps. Find out more about the [access decision letter](#).

##### ☐ Supporting evidence form

A Supporting evidence form (SEF) can be completed to provide evidence to support your application. Find out more about the [SEF](#).

### ☐ Your NDIS plan (for current and past NDIS Participants only)

Your plan includes information about you and your goals, what supports you need, and the funding the NDIS will give you. For your current plan, you can request the information we used to make the decision, the reasons for the decision, and a copy of your plan.

##### ☐ Planning information

This is the information collected at your planning meeting and includes your participant statement, goals, support needs and the planning conversation.

##### ☐ Planner justifications

These are the reasons why we made decisions about your NDIS supports.

##### ☐ A copy of your NDIS plan

Your plan includes information about you and your goals, what supports you need, and the funding the NDIS plan will give you.

### ☐ Your internal review of an NDIA decision

##### ☐ Outcome of NDIA internal review

This is a copy of the letter we sent you following the outcome of your internal review of a decision under section 100 of the [NDIS legislation](#). Find out more about [internal review processes](#).

#### Other documents (including medical)

Other documents, including medical documents that you have provided to the NDIA:

☐ Medical documents / assessment reports

Medical documents provided to the NDIA as supporting evidence for access or planning decisions. Examples of medical documents and assessment reports include letters from doctors, reports from allied health professionals, and support provider reports. Please note, only medical documents related to your most recent plan will be provided. If you need access to other medical documents, please email us at [information.access@ndis.gov.au](mailto:information.access@ndis.gov.au).

☐ Listed disabilities

This information provides the primary (and/or secondary) recognised disability listed for participants of the NDIS. The information would be provided in a one-page document.

☐ Roster of care (We will only have this document if the participant is in Supported Independent Living)

A roster of care for people in supported independent living arrangements lists the support ratios needed by the participant and the times and days these supports are provided.

☐ Home and living supports decision

When a participant requests specialised disability accommodation in their NDIS plan a summary of the decision is written. This is called a home and living supports decision. Home and living supports decision letters are available for decisions made after June 2022. Any decision made prior to this will be included in a participant's plan approval letter.

☐ Payment summary

A Payment Summary lists the payments made by the NDIA for supports in your NDIS plan. This is usually provided to legal firms representing participants in a personal injury claim. Find out more about [payments](#).

(Choose one or more options. Please click on the document type for more information.)

#### Do you want information about you or someone else?\*

☐ About you

☐ About someone else

(Choose one option)

#### Your details

First name

Last name

Relationship with participant

For example, parent, advocate, legal representative, etc

Email

Phone

This will help us to verify your identity.

#### Participant details

First name

Last name

NDIS Reference

Email

Phone

Date of birth

Date of birth: Day

Day



Date of birth: Month

Month



Date of birth: Year

Year



Address

Postcode

This will help us to verify your identity.

We will action your request when you give us:

- proof of your identity

Find out more about [proof of identity](#).

We will action your request when you give us:

- proof of your identity
- evidence of your authority to make this request

Find out more about [proof of identity and evidence of your authority](#).

#### Consent Form

Consent form

Please attach this consent form once completed.

Choose

a

file

Upload

One file only.

5 MB limit.

Allowed types: pdf, doc, docx, png, jpg, jpeg.

**Please note:** If you are the plan nominee or child representative, you do not need to attach consent.

Our policy is to respect and protect the [privacy](#) of all people connected with the NDIA, including participants, providers, employees, contractors and community partners.

If you are asking for information for someone else, you must provide us with proof that you are authorised to do so.

We cannot action your request until you have provided us with evidence of your authority and proof of your identity.

Learn more about consent and [find a consent form](#).

## Contact us

Please email us at [information.access@ndis.gov.au](mailto:information.access@ndis.gov.au) if you have any questions or need help to make your request. Please note that the Participant Information Access (PIA) Team only provides access to documents, and cannot make any changes to plans or decisions. If you have questions about your plan, a decision, or information within the documents provided, please speak with your local area coordinator or planner.

## Privacy and your personal information

Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by National Disability Insurance Agency (NDIA) for the assessment and administration of your request for information under the Participant Information Access Scheme.

This information is required under the *National Disability Insurance Scheme Act 2013* and is necessary to process your request for information.

Your information will be used to process your request and may be used for other purposes if you have consented or it is required or authorised by law. Get more information about the way the NDIA will manage your personal information, including our [privacy policy](#).

Submit

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Date of birth: Year  ▼

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Submit