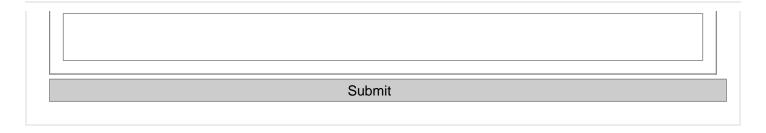
Please fill out the form below.

All fields marked with an asterisk (*) are required. Please indicate in the 'Your message/question' section if you would like to be contacted by the NDIA. If you think a decision made by the NDIA about you is wrong, you can ask for an internal review of a decision.

- M- + i
What is your message or question about? (choose ONE option)*
O Accessing the NDIS (I am a person with a disability (or their representative) who
wishes to participate in the NDIS)
O Participant support (I am a participant (or their representative) and need help
understanding my plan, change of circumstance, the myplace portal etc.)
O Provider support (I am providing support for people with disability and need help with
registration, payment requests, myplace portal etc.)
Early Childhood (I am the carer of a child younger than 9 years old and need more
information)
O Feedback or complaint (I would like to provide a complaint, compliment or feedback
about the NDIS and/or NDIA)
Other enquiries (general question about the NDIS)

Your details and message below First name*	
Last name	
Email*	
Phone*	
Date of birth (this will help us answer vour questions about access to the NDIS) Date of birth: Month Date of birth: Day Date of birth: Year Date of birth: Year	
Address (this will help us answer your questions about access to the NDIS)	
Postcode*	
Message	





Please fill out the form below.

All fields marked with an asterisk (*) are required. Please indicate in the 'Your message/question' section if you would like to be contacted by the NDIA.

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