Form

Change of situation or change of details

You can use this form to let us know if:

• your situation has changed and your plan no longer meets your needs
• you want to change how funding is managed in your plan

In either of these situations, you can ask for a plan review. We call this a participant requested plan review. We generally won’t review your plan if you want more funding because you’ve used all the funding in the plan, or the same supports as others.

You can also use this form to let us know your details have changed. You can change your contact details or who you give consent to at any time.

Check the ‘Our Guidelines’ website (ourguidelines.ndis.gov.au) to get more information about when you need to tell us about changes in your life. Select ‘Your Plan’ and ‘Plan Reviews’ to read more.

How to use this form:

If you are the applicant, participant or authorised representative, please complete Part A, Part C, Part D, Part E and Part F.

You can ask someone to complete this form for you, however you must provide consent before they can. You can provide consent by:

• calling us
• sending us a letter or email
• sending us a completed Consent for a Third Party to Act on Behalf of a Person form from the ‘Consent forms’ website.

When we have consent from you they can complete Part A, Part B, Part C, Part D, Part E and Part F for you. We can’t accept a form from someone who fills it in for you without your consent.

How do I return this form to the NDIA?

You can return this form to us by:

• Email: enquiries@ndis.gov.au
This form is one way you can tell us what’s changed. If you prefer, you can tell us by contacting us in any of the ways listed above.

If you would like us to consider any new information or evidence, such as medical or therapy reports, please wait until you have them and send them with this form.

Next Steps

Once we receive your form, we will:

- let you know if we have approved your request for a review, or
- contact you to discuss.

If you ask for a plan review, we need to decide within 14 days of receiving this form if we will do a plan review. Once we have made a decision we will let you know in writing.

Part A: Person’s details

Please complete Part A with the details of the applicant or participant.

<table>
<thead>
<tr>
<th>Full name</th>
<th>Click or tap here to enter text.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth</td>
<td>DD/MM/YYYY</td>
</tr>
<tr>
<td>NDIS number</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>Preferred contact details (phone number, email address, etc.)</td>
<td>Click or tap here to enter text.</td>
</tr>
</tbody>
</table>

Part B: Third party details

Please complete Part B if you are completing this form on behalf of the applicant or participant.

You can complete this form for someone else if you can provide evidence that:

- you have parental responsibility for them;
- you are their legally authorised representative or legal guardian; or
Form

- the participant or authorised representative has provided consent for you to do so (see How to use this form).

If we already have this evidence you do not need to send it with this form.

<table>
<thead>
<tr>
<th>Full name</th>
<th>Click or tap here to enter text.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth</td>
<td>DD/MM/YYYY</td>
</tr>
<tr>
<td>Contact phone number</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>Relationship to Person in Part A e.g. child representative, advocate, nominee</td>
<td>Click or tap here to enter text.</td>
</tr>
</tbody>
</table>

**Part C: Information about what has changed**

Please complete Part C to give us more information about the reason for your request.

Mark the boxes that apply to you.

- □ My circumstances have changed and my plan no longer meets my needs - Go to Part D
- □ I want to change how the funding is managed in my plan – Go to Part E
- □ My contact details have changed – Go to Part F

**Part D: Your circumstances have changed**

Please complete Part D to let us know what has changed since your current plan was approved.

<table>
<thead>
<tr>
<th>Describe how your situation has changed.</th>
<th>Click or tap here to enter text.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why does this change mean your current funded supports no longer meet your needs?</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>What funded supports are you asking to be included in your plan?</td>
<td>Click or tap here to enter text.</td>
</tr>
</tbody>
</table>
| Do you want to request a plan review?                                   | □ Yes  
□ No  
□ Not sure. If you’re not sure, we will contact you to discuss your situation.         |
| Do you have new information, such as reports, assessments or other information to help us understand how your situation has changed? | □ Yes – please wait until you have them and send with this form.  
□ No                                                                   |
| Is this a permanent or temporary change?                                | □ Permanent  
□ Temporary                                                                     |
| Start date                                                              | Click or tap to enter a date.                                                               |
| End date (temporary changes only)                                        | Click or tap to enter a date.                                                               |

You’ll need to give us any new information to help us decide if we need to do a plan review. This may include any assessments, reports or other information. Please send this information to us with this form.

**Part E: You want to change how the funding is managed in your plan**

Please complete **Part E** to describe how you would like the funding managed in your plan.

We will do a plan review if you would like to change the way funding is managed in your plan.
Form

| I would like the **Agency** to manage these supports: | □ All supports  
|                                                      | □ Specific supports - please list supports below:  
<table>
<thead>
<tr>
<th></th>
<th>Click or tap here to enter text.</th>
</tr>
</thead>
</table>
| I would like a **plan manager** to manage these supports: | □ All supports  
|                                                      | □ Specific supports - please list supports below:  
<table>
<thead>
<tr>
<th></th>
<th>Click or tap here to enter text.</th>
</tr>
</thead>
</table>
| I would like to **self-manage** these supports:       | □ All supports  
|                                                      | □ Specific supports - please list supports below:  
|                                                      | Click or tap here to enter text. |

**Part F: Your contact details have changed**

Please complete **Part F** if your contact details have changed.

<table>
<thead>
<tr>
<th>New address (Include number, street, suburb, state, postcode and country.)</th>
<th>Click or tap here to enter text.</th>
</tr>
</thead>
<tbody>
<tr>
<td>New phone number</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>New email</td>
<td>Click or tap here to enter text.</td>
</tr>
</tbody>
</table>
| Permanent or temporary change                                             | □ Permanent  
|                                                                          | □ Temporary                      |
| Start date                                                                | Click or tap to enter a date.    |
| End date (temporary changes only)                                         | Click or tap to enter a date.    |

**Part J: Your declaration**

I confirm that the information provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence
- this information is protected by law and can only be given to someone else where Commonwealth law allows, or requires it, or where I give permission.

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If this is a request for a plan review, I also understand that if the NDIA decides:

- to do a plan review, they will consider my new situation and new support needs, and decide what supports to include in a new plan.
- not to do a plan review, I can ask for an internal review of that decision.

<table>
<thead>
<tr>
<th>Full name</th>
<th>Click or tap here to enter text.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>Date</td>
<td>Click or tap to enter a date.</td>
</tr>
</tbody>
</table>

Privacy and your personal information

Collection of your personal information

The National Disability Insurance Agency (NDIA) would like some personal information from you to simplify your engagement with the NDIS. Any personal information you provide to the NDIA is safe under the National Disability Insurance Scheme Act 2013 and the Privacy Act 1988. You can also ask to see what personal information (if any) we hold about you at any time and can seek correction if the information is wrong.

Personal information use and disclosure

The NDIA will use your information to support your involvement in the NDIS.

The NDIA will NOT use any of your personal information for any other purpose, or disclose your personal information to any other organisations or individuals (including any overseas recipients), unless authorised by law or you provide your consent for us to do so.

The NDIA’s privacy policy describes

- how we use your personal information.
- why some personal information may be given to other organisations from time to time.
- how you can access the personal information we have about you on our system.
- how you can complain about a privacy breach, and how the NDIA deals with the complaint.
- how you can get your personal information corrected if it is wrong.

Personal information storage

The NDIA uses an Australian Government computer system to store personal information. System users, other than NDIA staff, may at times be able to see your name when they perform program duties, however they can’t record, use or disclose information, and they will not know if you become an NDIS participant. State or territory government officials may also have personal information access as part of the agreement between governments to assist the states and territories in their NDIS evaluation.