

National Disability Insurance Scheme

Provider Registration

Queensland Statement of Commitment

General Information

Legal Entity Name: *as per ABN* _____

Organisation Trading/Business Name: *Leave blank if same as legal entity name*

ABN: *11 digit valid ABN* _____

Address: *Ensure this is the same* _____

address as listed in your registration _____

Email: *Ensure this is the same email* _____

address as listed in your registration

Additional Registration Groups

Identify any additional registration groups (i.e. specialist disability support/s) that are not currently in scope of your approval from the Queensland Department of Communities, Disability Services and Seniors (e.g. HSQF letter of approval) or Third Party Verification (also known as certification) against the QLD HSQF standards (Human Services Quality Standards):

Third Party Verification

Name of third party verification organisation: *This must be an organisation accredited either by the Joint Accreditation System of Australia and New Zealand (JAS-ANZ) or International Society for Quality in Health Care (ISQua)*

Standards included in Audit Queensland Human Services Quality Standards (QLD HSQF)*
(only applies where the audit will occur prior to 1 July 2019 and transition to NDIS full scheme)

Date of next third party verification audit: ____/____/____

**Note – Where a HSQF audit for NDIS registered services is scheduled to occur after 1 July 2019, audit requirements and timeframes will be determined by the NDIS Quality and Safeguards Commission. Please refer to the NDIS Quality and Safeguards Commission website for further information about the NDIS Rules and requirements.*

As an authorised representative of _____, I commit to include the additional specialist disability support/s outlined above in scope of our next scheduled third party verification audit where this will occur prior to 1 July 2019 and transition to NDIS full scheme. I further commit to resubmit this Statement of Commitment should any of the details outlined above change.

Name: _____ Title/Position: _____

Signature: _____ Date: ____/____/____

Witness name: _____

Signature: _____ Date: ____/____/____