

NDIS Provider Registration

Statement of Commitment

General Information

Legal Entity Name:

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

ABN:

Address: *Ensure this is the same address as listed in your registration application*

Email address: *Ensure this is the same address as listed in your registration application*

Additional Registration Groups

Identify any additional registration groups (i.e. specialist disability support/s) that are not currently in scope of your funded service agreement:

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: *This must include the NSW Disability Services Standards, National Standards for Disability Services, Attendant Care Industry Standards, Home Care Standards, Victorian Department of Human Services Standards and Queensland Human Services Quality Framework.*

Date of next third party verification audit:

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. I further commit to resubmit this Statement of Commitment should any of the details outlined above change.

Signature:

Date:

Title:

Witness: