Consent for your NDIS information

Consent is a record of the permission you have given.

If you're 18 or older, you have the right to make decisions about your business with the NDIS. That's why we need a record of your consent before we share your information with anyone else or let someone else do things for you.

Please use this form to give your consent for:

- the National Disability Insurance Agency (NDIA) to share your National Disability Insurance Scheme (NDIS) information with a person or organisation you choose
- a person or organisation (third party) to do things for you with the NDIS.

For example, you might want to give consent for a family member who supports you to view your current plan and submit a home modification request for you.

You can give consent if you're the:

- applicant
- participant
- child representative or plan nominee for the participant
- legally appointed decision maker for an applicant.

When we say applicant, we mean someone who is applying to the NDIS.

You don’t have to use this form to give your consent. You can let us know over the phone by calling **1800 800 110** or by contacting us in any of the ways listed under How do I return this form to the NDIA.

We’ll only share your personal information if you’ve given your consent to the NDIA to do this. Or, if we’re required or authorised to disclose your information by law.

You can **take away** your consent at any time. You can let us know by mail, email, in person or over the phone that you no longer consent to us sharing information on your behalf.

How do I return this form to the NDIA?

There are a few ways you can return this form to us:

- **email for applicants**: NAT@ndis.gov.au
- **email for participants:** enquiries@ndis.gov.au
- **mail:** NDIA, GPO Box 700, Canberra ACT 2601
- in person: Visit a local area coordinator, early childhood partner or NDIS office in your area.

Part A: applicant / participant details

Please complete **Part A** with your details.

Question	Answer
Full name	
Date of birth	
NDIS number	
Contact phone number	
Contact email	

Once you have completed Part A (above):

- If you're the **applicant** or **participant,** complete Part C, Part D and Part E then sign the declaration in Part F.
- **If you're the child representative, plan nominee or other legally appointed decision maker,** complete Part B. Part C, Part D and Part E. You'll then need to sign the declaration in Part F.

Part B: child representative, plan nominee, legally appointed decision maker details

Please provide your details if you're completing this form on behalf of the applicant or participant:

- under 18 years for whom you are a child representative, or
- for whom you are a plan nominee, or
- for whom you are a legally appointed decision maker (for example, a guardian).

Question	Answer
Full name	
Date of birth	
Contact phone number	
Contact email	
Relationship to applicant / participant	☐ I'm the plan nominee ☐ I'm the child representative ☐ I'm the legally appointed decision maker
Employee number or logon (If you are completing this form as part of your job)	

Part C: give consent to a person or organisation

Please complete the details of the person or organisation you're giving consent to.

If you're giving consent to more than one person or organisation, you must complete this page separately for each one.

You can also give your consent over the phone by calling **1800 800 110.**

Please mark the correct box and complete the details below.

☐ **I am giving consent to a person**

Question	Answer
First name	
Surname	
Date of birth	
Is this person an NDIS provider? Or do they work for an NDIS provider?	☐ Yes ☐ No
If you answer yes to the above question, what is the name of the NDIS provider?	
If they are an NDIS provider, what is their provider name?	
Phone	
Email	
Address (include street or PO Box number, suburb, state and postcode.	
Relationship to applicant / participant	

Part C: give consent to a person or organisation (continued)

Consent is limited to 2 key contacts in the organisation. If your key contacts change, let us know so we can update who in the organisation you have given consent to. Contact us by calling **1800 800 110** or in any of the ways listed under How do I return this form to the NDIA.

To give consent to an organisation, you need to give us the details for at least **one** key contact below.

☐ **I am giving consent to an organisation**

Question	Answer
Organisation name	
Key contact's first name	
Key contact's surname	
Key contact's position title	
Is this organisation an NDIS provider?	☐ Yes ☐ No
If they are an NDIS provider, do they provide NDIS supports to you?	☐ Yes ☐ No
If they are an NDIS provider, what is their provider number?	
Phone	
Email	
Address (include street or PO Box number, suburb, state and postcode)	

Part D: choose the consent types

You can choose the types of consent you want the person or organisation in Part C to have. To do this, please mark the relevant boxes in the checklists below.

I am providing consent for the person or organisation named in Part C to have the following types of consent.

Consent to share information about my:

- ☐ NDIS contact
- ☐ assessments and reports
- ☐ current NDIS plan, including my goals and aspirations
- ☐ NDIS application outcome
- ☐ NDIS application form
- ☐ current NDIS funding
- ☐ previous NDIS funding
- ☐ previous NDIS plans, including my goals and aspirations
- ☐ bank account details
- ☐ name, date of birth, NDIS participant number and NDIS participant status
- ☐ address, email and phone number
- ☐ communication preferences
- ☐ correspondence preferences. For example, if I prefer to receive NDIS information in an email, letter or over the phone
- ☐ disability or disabilities that are recorded in the NDIS system
- ☐ informal supports
- ☐ service providers
- ☐ all of the above

Part D: choose the consent types (continued)

Consent to do these things on my behalf:

- ☐ submit an NDIS application
- ☐ submit a request for assistive technology, home modifications or other specific supports
- ☐ submit additional information requested by the NDIA
- ☐ make a complaint or give feedback to the NDIA
- ☐ tell the NDIA about change in my disability
- ☐ submit claims for my current plan
- ☐ ask to review a decision made by the NDIA
- ☐ ask for a plan variation
- ☐ all of the above

Consent to change my:

- ☐ personal details
- ☐ communication preferences
- ☐ correspondence preferences
- ☐ all of the above

Are there other things you want the person to do on your behalf, or information you want to share:

Part E choose the consent length

You can choose how long you want the person or organisation in Part C to have consent. To do this, please mark the relevant box. If you want the consent to end on a set date, please record this below.

How long are you giving consent for?

☐ One time only

☐ Until a set date (please select date)

☐ Ongoing (enduring)

Part F: your declaration

This part needs to be signed by whoever completes this form. This may be the participant, applicant **or** child representative, plan nominee or legally appointed decision maker.

I confirm that:

- I understand I can get further information about how the NDIA handles my personal information from the Privacy Notice or Privacy Policy on the NDIS website. I can find this information on the NDIS website.
- I understand I have given the NDIA consent to give information about me to the third party or parties I have listed at Part C on this form.
- I understand that the third party or parties I have given consent to will be able to access my information and/or act on my behalf.
- I understand I can take away or change my consent to share information and/or my consent for a third party to act on my behalf at any time.
- I confirm the information provided in this form is complete and correct.
- I understand giving false or misleading information is a serious offence.

- I understand this information is protected by law and the NDIA can only share it with someone else where Commonwealth law allows, or requires it, or where I give consent.
- I have given my consent freely and no one has pressured me into doing so.

You can find out more about how we collect, use and disclose your personal and sensitive information on our website (ndis.gov.au). Search '**Privacy**' to find our privacy policy.

If we don't agree to your request, we'll let you know and explain why.

Please sign below to give your consent as indicated in this form.

Question	Answer
Full name	
Date	
Signature	