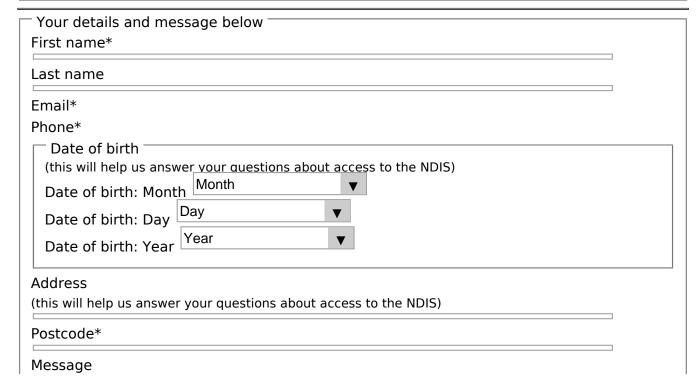
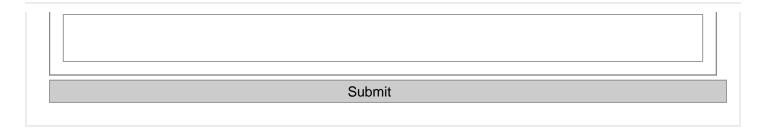
## Please fill out the form below.

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.

— \\/b a t	t is your records or supetion about? (about ONE artism)*			
wnau	t is your message or question about? (choose ONE option)*			
0,	Accessing the NDIS (I am a person with a disability (or their representative) who			
wishe	s to participate in the NDIS)			
О 1	Participant support (I am a participant (or their representative) and need help			
under	standing my plan, change of circumstance, the myplace portal etc.)			
0 1	Provider support (I am providing support for people with disability and need help with			
registration, payment requests, myplace portal etc.)				
О 1	Early Childhood Early Intervention (I am the carer of a child under 7 years old and			
need	more information)			
О 1	Feedback or complaint (I would like to provide a complaint, compliment or feedback			
about	the NDIS and/or NDIA)			
0 (	Other enquiries (general question about the NDIS)			







## 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.

_ \ \ / /	L'
<sup>-</sup> wha	at is your message or question about? (choose ONE option)*
O	Accessing the NDIS (I am a person with a disability (or their representative) who
wish	es to participate in the NDIS)
0	Participant support (I am a participant (or their representative) and need help
unde	rstanding my plan, change of circumstance, the myplace portal etc.)
0	Provider support (I am providing support for people with disability and need help with
regis	tration, payment requests, myplace portal etc.)
0	Early Childhood Early Intervention (I am the carer of a child under 7 years old and
need	more information)
0	Feedback or complaint (I would like to provide a complaint, compliment or feedback
abou	t the NDIS and/or NDIA)
0	Other enquiries (general question about the NDIS)

	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	



Address				
this will help us ar	swer your questions	about access to the	NDIS)	
Postcode*				
Message				

