

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.

What is your message or question about? (choose ONE option)*

Accessing the NDIS
I am a person with a disability or their representative, who wishes to participate in the NDIS

Participant support
I am a participant or their representative and need help understanding my plan, change of circumstance, the myplace portal etc.

Provider support
I am providing support for people with disability and need help with registration, payment requests, myplace portal etc.

Early Childhood Early Intervention
I am the carer of a child under 7 years old and need more information

Complaint
I would like to provide a complaint about the NDIS

Feedback
I would like to submit feedback about the NDIS

Compliment
I would like to provide a compliment about the NDIS

Other enquiries
General question about the NDIS

Your details and message below

First name*

Last name

Email*

Phone*

Date of birth (this will help us answer your questions about access to the NDIS)

Date of birth: Month ▼

Date of birth: Day ▼

Date of birth: Year ▼

Address

(this will help us answer your questions about access to the NDIS)

Postcode*

Message

Submit

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