



STEP BY STEP: HOW TO FILL OUT THE NDIS ACCESS REQUEST FORM

JUNE 2023

ndis Application Form **1** **Section 1: The Applicant**

1. Provide third party consent

Do you consent to the NDIA collecting, using and disclosing your personal and sensitive information for the above purposes and in accordance with our Privacy Policy?

☐ Yes, I consent **2**

☐ No, I do not consent

Evidence of Age and Residence

You must provide us with evidence to verify your age and residence. You can give us consent to get proof of your age and residence from Centrelink using your Customer Reference Number (CRN), or you can provide us with copies of the required documents yourself (**Go to Attachment B** for more information).

Note: If you want us to use Centrelink, you will need to make sure the name and address on your record is the same as the one you listed in **Part A - Question 14**.

2. Provide consent to verify age and residence using Centrelink

Do you consent to the NDIA collecting your age and residence information from Centrelink using your Customer Reference Number (CRN)?

☐ Yes, I consent and my CRN is: _____

☐ Yes, I consent and I do not know my CRN

Note: If the applicant is a child, this consent will apply to their Centrelink record and their associated parental record because the two records are linked within the Centrelink system. Where consent is given, we will access both records to check age and residence only.

☐ No, I do not consent. I will provide copies of the required documents from **Attachment B**.

Note: If you do not consent, we will not be able to determine your NDIS eligibility until you provide the required information from Attachment B.

Page 6 of 28
NDIS Application Form

1 For staff members: If you are working in a residential aged care facility, or a health service, you might be supporting a person with disability to submit this NDIS access request. Please note, however, that you are required to have the person with disability with you while you complete the form.

2 Do you consent to the NDIA collecting, using and disclosing your personal and sensitive information for the above purposes and in accordance with our Privacy Policy?

This consent relates to information that the NDIA might need in order to assess whether you are eligible to access the NDIS, but also relates to your consent for sharing information if you do become an NDIS participant.

If you choose not to consent here, service providers such as hospitals and allied health professionals cannot give information about you to the NDIA, which may be important at the access or planning stages. At the access stage, it may mean that your NDIS access request is delayed.

 For staff members

 For participants

1. Provide third party consent

Do you consent to the NDIA collecting, using and disclosing your personal and sensitive information for the above purposes and in accordance with our Privacy Policy?

- ☐ Yes, I consent
- ☐ No, I do not consent

Evidence of Age and Residence

You must provide us with evidence to verify your age and residence. You can give us consent to get proof of your age and residence from Centrelink using your Customer Reference Number (CRN), or you can provide us with copies of the required documents yourself (**Go to Attachment B** for more information).

Note: If you want us to use Centrelink, you will need to make sure the name and address on your record is the same as the one you listed in **Part A - Question 14**.

2. Provide consent to verify age and residence using Centrelink

Do you consent to the NDIA collecting your age and residence information from Centrelink using your Customer Reference Number (CRN)?

- ☐ Yes, I consent and my CRN is: _____
- ☐ Yes, I consent and I do not know my CRN

3

Note: If the applicant is a child, this consent will apply to their Centrelink record and their associated parental record because the two records are linked within the Centrelink system. Where consent is given, we will access both records to check age and residence only.

- ☐ No, I do not consent. I will provide copies of the required documents from **Attachment B**.

Note: If you do not consent, we will not be able to determine your NDIS eligibility until you provide the required information from Attachment B.

- 3 You must provide us with evidence to verify your age and residence. You can give us consent to get proof of your age and residence from Centrelink using your Customer Reference Number (CRN), or you can provide us with copies of the required documents yourself .

If you don't have a Centrelink CRN, ideally you will need to attach to your completed form a copy of your birth certificate or your passport. If you do not have a copy of either of these, it may be OK to provide a couple of other copies of identification, such as birth extract, or a drivers licence.

Application Form

4
Section 1: The Applicant

Part C: Contact Methods

In **Part C**, you need to answer some questions about how you would like us to contact you.

Your Communication Preferences

- Would you prefer us to send you letters or emails?

☐ Letters
 ☐ Emails
- Who would you like us to contact about your application?

☐ Contact me – **Go to Question 3**
☐ Contact my representative – **Go to Part D**
☐ Contact me and my representative – **Go to Part D**

Note: If you want us to contact your representative, we will still need to send you letters about your application.

- How would you like us to contact you?

☐ Home phone – provide details below
☐ Mobile phone – provide details below
☐ Email – provide details below
☐ TTY – provide details below
- Can we use SMS to contact you?

☐ No
 ☐ Yes – I consent to being contacted by SMS
 ☐ Please use SMS only, I am Deaf or Hard of Hearing
- What is the main language spoken at your home?

☐ No
 ☐ Yes – provide language below:
- Do you need an interpreter to help us communicate with you?

☐ No
 ☐ Yes – provide language below:

4 'How would you like us to contact you?'

Remember that whatever you select as being the best way to contact you will generally be used by the NDIS as the first way they will try to contact you from now on. That might mean that if you have selected that you'd like to be contacted on your mobile phone, you might need to make sure you have your phone charged and take it with you when you go out in case someone calls from the NDIS.

Also, keep in mind that often when the NDIA phones you, the number may be displayed as 'No Caller ID'. If you are someone that typically disregards these calls, it might be best to answer, especially during the application phase.

Application Form

Section 1: The Applicant

Part D: Parent, Legal Guardian or Representative

You should complete **Part D** if you are filling out this form for:

- someone aged under 18 for whom you have parental responsibility, or
- someone for whom you are a representative or a legal guardian.

You do not need to complete this section if you are just helping the person fill out this form.

Do you have parental responsibility?

Parental responsibility means all of the duties and powers that parents have in relation to a child under 18 years of age. To have parental responsibility, you must not have ceased to have parental responsibility due to an order made under the [Family Law Act 1975](#) or a law of a State or Territory.

All people with parental responsibility for an applicant aged under 18 years should provide their contact information to the NDIA.

Are you a legally authorised representative?

A legally authorised representative could be a:

- legal guardian
- public trustee
- power of attorney
- decision-maker appointed by an advance care health directive (living will).

A legally authorised representative must provide evidence (such as guardianship orders) verifying their authority to act on the applicant's behalf.

1. Representative's Details

- First name/s:
- Surname:
- What is your relationship to the applicant?
- What is your authority to act on behalf of the applicant?

☐ Person with parental responsibility
 ☐ Legally Authorised Representative
 ☐ The applicant has given consent for me to act on their behalf to apply for the NDIS.

Note: You will need to provide proof that the applicant has provided express written or verbal consent for you to act

5 'Representative's Details'

For staff members: If you are filling out the Access Request Form with a person with disability, ask them who they would like as a contact person. You might like to suggest one of these options:

- person with disability (applicant)
- family member
- friend
- carer
- health professional
- health service staff member
- aged care facility staff member

This person will be the first point of contact for the NDIS for the whole application process.

ndis Application Form **6** **Section 1: The Applicant**

Part E: Overview of Disability

In **Part E**, you need to give us some information about your disability. You may be eligible for the NDIS if you have a permanent and significant disability **and** it impacts your ability to perform everyday activities. If you do not meet this eligibility criteria you may be eligible for the NDIS if you need early intervention supports now to reduce your future support needs.

Applicant's Disability

1. What is your main disability?
Note: Your main disability is the one that has the most impact on your life.

2. Do you have any other disabilities that substantially affect your everyday life? Disability 2: _____
 Disability 3: _____
 Disability 4: _____
 Disability 5: _____

3. Was your disability caused by an accident or event? ☐ No
☐ Yes – provide the date of the accident/event below

6 'Part E: Overview of Disability'

List all the disabilities that you have that impact on your life. If you enter only one disability here, you will be assessed in terms of supports related to that disability only.

ndis Application Form **8** **Section 1: The Applicant**

How to provide evidence of Disability

You need to provide us with evidence about your disability. You can do this by:

- asking your Treating Professional to complete **Section 2 – Part B**, or
- providing copies of existing reports, assessments or letters you already have, such as a Care and Needs Scale (CANS).

Your Treating Professional may be a GP, psychologist, or speech pathologist. You can find information about what to provide and who can provide it, on our website ([ndis.gov.au](https://www.ndis.gov.au)). Select **'Applying'**, scroll and select **'How to apply'**, then **'Providing evidence of your disability'**.

How to provide evidence of Early Intervention support needs

You need to provide us with evidence about your need for Early Intervention. You can do this by:

- asking your Treating Professional to complete **Section 2 – Part C**, or
- providing copies of existing reports, assessments or letters you already have.

Your Treating Professional may be a GP, paediatrician, or occupational therapist. You can find information about what to provide and who can provide your evidence on our website ([ndis.gov.au](https://www.ndis.gov.au)). Select **'Applying'**, scroll and select **'How to apply'**, then **'Providing evidence of your disability'**.

How to provide evidence of functional capacity

You need to provide us with evidence about how your disability impacts your ability to complete everyday activities in the following areas:

- mobility – the ability to move freely and use limbs
- communication – the ability to express wants and needs through spoken, written and/or non-verbal methods
- social interaction – the ability to connect with others and behave appropriately within limits
- learning – the ability to retain information and develop new skills
- self-care – the ability to care for basic needs such as hygiene and feeding
- self-management – the ability to organise and make decisions for yourself.

You can do this by:

- asking your Treating Professional, support workers, family members and carers to complete **Section 2 – Part E**, or
- providing copies of existing reports, assessments or letters you already have.

Note: You may need to book a longer appointment with your Treating Professional to complete this section of the form.

Page 11 of 28
NDIS Application Form

7 'Asking your Treating Professional to complete Section 2 – Part B...'

For health professionals: Make sure you describe the individual in terms of impact on mobility and support needed on his/her worst day. Consider the impact of a person's disability on functioning under all internal and external conditions: in hot/cold weather, when tired or ill, on uneven surfaces, etc. Also remember to avoid using clinical language and use plain language: summerfoundation.org.au/resources/getting-the-language-right

8 'Providing copies of existing reports, assessments or letters you already have.....'

You might like to ask your doctor or other health professional for any previous clinical reports or assessments they have on file that might support your NDIS application. The more evidence you can provide about your disability and its impact on your life, the better chance you have of being successful in your application.

Check that the reports use plain language that clearly describes the impact of your disability on your daily life. If you feel that the reports or assessments do not describe the full extent or impact of your disability, you can contact the person or organisation that issued the report to discuss whether there are any other details they can provide to support your application.

Part B: Evidence of Disability

In **Part B**, you will need to provide information about the applicant's disability. This information should provide evidence of:

- their primary disability and any other disabilities they may have
- if their disability is permanent.

Applicant's disability

1. What is the applicant's main disability?

9

The main disability is the one that has the most impact on the applicant's life.

2. Does the applicant have any other disabilities?

☐ No

☐ Yes – provide details below

Disability 2:

Disability 3:

3. How long has the applicant's functional capacity been affected by their disability?

4. Is the impairment time limited and/or degenerative in nature?

☐ No

☐ Yes – time limited

☐ Yes – degenerative

5. Is the impairment currently being treated?

☐ No

☐ Yes – provide details about current treatments/interventions being implemented below

If more space is required, please attach a separate document with details or use the space in **Part F**.

a) Description of current treatments:

- 9 **For aged care staff:** Make sure you describe impact of the resident's disability on mobility if the person was in the community. That is, on unfamiliar and uneven surfaces, on wet and smooth surfaces, in areas without grab rails or non-slip mats, etc.

ndis Application Form **Section 2: The Treating Professional**

☐ **Communication**
involves expressing wants and needs through spoken, written and/or non-verbal methods, and understanding others.
If indicated, also complete **Question 2.2**

☐ **Socialising**
involves making and keeping friends, interacting with the community, and behaving within reasonable limits.
If indicated, also complete **Question 2.3**

☐ **Learning**
involves understanding and remembering information, and using new skills.
If indicated, also complete **Question 2.4**

☐ **Self Care**
involves meeting personal needs, such as hygiene, grooming, feeding and health. (not required for Applicants aged 0–2 years).
If indicated, also complete **Question 2.5**

☐ **Self-Management**
involves organising life, such as making decisions, problem-solving, and managing finances. (not required for Applicants aged 0–8 years).
If indicated, also complete **Question 2.6**

10 For health professionals: Remember to describe the individual in terms of impact on functioning and support needed on his/her worst day. Consider the impact of a person's disability on communication under internal and external conditions such as: when tired or ill, among strangers, in noisy environments, under stress, etc.

11 For aged care staff: Make sure you describe impact of the resident's disability on communication if the person was in the community e.g. conversations related to various topics, with strangers, in noisy environments, under stress, etc.

12 For health professionals: Remember to describe the individual in terms of impact on functioning and support needed on his/her worst day. Consider the impact of a person's disability on self-care under internal and external conditions such as: when tired or ill, under stress, without shower chair, etc.

13 For aged care staff: Make sure you describe impact of the resident's disability on self-care if the person was in the community e.g. making own meals, managing medications and medical appointments, without shower chair, etc.

ndis Application Form **Section 2: The Treating Professional**

2. What type and frequency of assistance does the applicant need?

2.1 Mobility

14

What type(s) of mobility assistance does the applicant need to participate in the life activities listed above?

☐ Home and/or environment modifications
Specify type and frequency of assistance required:

☐ Assistive equipment and technology
Specify type and frequency of assistance required:

☐ Assistance from other persons
Specify type and frequency of assistance required:

2.2 Communication

15

What type/s of communication assistance does the applicant need to participate in the life activities listed above?

☐ Home and/or environment modifications
Specify type and frequency of assistance required:

☐ Assistive equipment and technology
Specify type and frequency of assistance required:

14 Mobility Assistive equipment and technology might include: Electronic scooters, walking aids, lift and recline chairs, grab bars, ramps etc.

15 Communication assistive equipment and technology might include: Alphabet boards, communication books, community request cards, etc.

ndis Application Form **Section 2: The Treating Professional**

☐ Assistance from other persons
Specify type and frequency of assistance required:

2.3 Social Interaction

16

What type/s of social interaction assistance does the applicant need to participate in the life activities listed above?

☐ Home and/or environment modifications
Specify type and frequency of assistance required:

☐ Assistive equipment and technology
Specify type and frequency of assistance required:

☐ Assistance from other persons
Specify type and frequency of assistance required:

2.4 Learning

17

What type/s of learning assistance does the applicant need to participate in the life activities listed above?

☐ Home and/or environment modifications
Specify type and frequency of assistance required:

16 Social interaction assistance might include: Object calendars, picture shopping lists, activity schedules, behaviour script etc. Consider whether the person requires supervision (monitoring verbal control, cueing, coaxing) under stressful or unfamiliar situations, has the ability to cooperate, participate and demonstrate socially appropriate behaviours.

17 Learning assistance might include: Budget wheels, menu planner, etc. Consider cognitive skills such as memory, comprehension, attention, and how these impact function.



Attachment A: NDIS Application Form Checklist

Please return completed form and information below to the NDIA in any of the ways listed on the front page of this application form.

Section 1: Completed by Applicant/Representative (pages 2–13)	
Part A: Applicant's Information	<input type="checkbox"/>
Part B: Privacy and Consent Declaration	<input type="checkbox"/>
Part C: Contact Methods	<input type="checkbox"/>
Part D: Parent, Legal Guardian, or Representative Information (if applicable)	<input type="checkbox"/>
Part E: Overview of Disability	<input type="checkbox"/>
Part F: Applicant or Representative Signature and Declaration	<input type="checkbox"/>
Attachments: Information/evidence of Authorised or Legal representative (if applicable)	<input type="checkbox"/>
Attachments: Information/evidence of disability and/or functional capacity (if applicable)	<input type="checkbox"/>
Section 2: Completed by Treating Professional (pages 14–26)	
Part A: Treating Professional's Information	<input type="checkbox"/>
Part B: Evidence of Disability	<input type="checkbox"/>
Part C: Early Intervention Support Needs	<input type="checkbox"/>
Part D: Existing Assessments	<input type="checkbox"/>
Part E: Evidence of Functional Capacity	<input type="checkbox"/>
Part F: Additional Notes	<input type="checkbox"/>
Part G: Treating Professional's Signature and Declaration	<input type="checkbox"/>

18

19

Page 26 of 28
NDIS Application Form

- 18 Once your form is complete, take a photocopy of the form and keep it somewhere safe. Health professionals should file this in the medical record (with permission).

Make a note of the date that you submit your access request form. Generally, NDIS aims to respond to each access request within 21 days.

- 19 For health staff supporting people in hospital: Please refer to the '**Urgent Access Request Cover Letter**' resource for guidance on creating a cover letter that should be sent with the person's ARF.






This project has been funded by the National Disability Insurance Scheme.



We value your feedback about this resource – please contact the Summer Foundation at info@summerfoundation.org.au, or 1300 626 560.

First published: September 2019 – Last updated: June 2023

Summer Foundation Ltd, ABN 90 117 719 516
PO Box 108 Box Hill VIC 3128 Australia
P: 1300 626 560 E: info@summerfoundation.org.au
www.summerfoundation.org.au

Connect with us:

 SummerFoundationLtd
 @SummerFoundtn
 summerfoundation

 summer-foundation-ltd
 SummerFoundation