



<b>Are you an Australian Citizen?</b>	<input type="checkbox"/> Yes <span style="float: right;"><input type="checkbox"/> No</span>
<b>If NO, what type of visa do you have?</b>	<input type="checkbox"/> Permanent visa <input type="checkbox"/> Protected special category visa.
	<input type="checkbox"/> Other including temporary visa ( <i>please specify below</i> )
	Visa Type: _____ Nationality: _____ Passport Number: _____

## Part B: Your privacy and consent to collect and share your information

The National Disability Insurance Agency (NDIA) collects personal information to help us determine whether you can access the NDIS. As a participant, the NDIA will also collect and use your information to help develop and implement your NDIS Plan and do other things related to the NDIS.

In addition to collecting certain information from you, we may contact your service providers, health and medical practitioners and other government agencies to request the provision of personal and health information about you which will help us to determine whether you meet the access requirements for the NDIS and, if so, to provide supports to you under the NDIS.

If you live in Shared Supported Accommodation, (e.g. a home shared with other people with disabilities that includes shared support from paid staff), we may also disclose your personal information to personnel employed within the group home to enable the Agency to collect further personal information about you in order to support the development of your NDIS plan if you become a participant.

Please note that if you do not consent to the collection of your personal information, the NDIA may not be in a position to determine whether you meet the access requirements for the NDIS or develop your NDIS Plan if you become a participant. More information about the collection, use, disclosure and storage of your personal information by the NDIA can be accessed on our online Privacy Notice and Privacy Policy at [www.ndis.gov.au/privacy](http://www.ndis.gov.au/privacy) or by contacting the NDIA.

<b>Do you consent to the NDIA collecting your information including from these third parties, for the purposes of determining whether you meet the access requirements for the NDIS and to help develop or implement your NDIS Plan if you become a participant.</b>	<input type="checkbox"/> Yes, I consent	<input type="checkbox"/> No, I do not consent.
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You can give us **consent to obtain information about your age, disability, and residence from Centrelink** (below) or you can provide us with certified copies of the required documents yourself. **We cannot make a decision without this information.**

<b>The Australian Government Department of Human Services (including Centrelink and Medicare)</b>	<input type="checkbox"/> Yes, I consent  <b>My CRN is:</b>	<input type="checkbox"/> No, I do not consent. I will provide the information myself.
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## Part C: How would you like NDIA to contact you?

<input type="checkbox"/> Home phone	TTY:
<input type="checkbox"/> Mobile phone	
<input type="checkbox"/> Email	
How would you like to receive letters?	<input type="checkbox"/> Email <input type="checkbox"/> Post
Do you need an interpreter to help us talk with you?	<input type="checkbox"/> No <input type="checkbox"/> Yes      Language: _____
<input type="checkbox"/> Do not contact me directly	<input type="checkbox"/> Contact my parent/legal guardian or representative (Part D) <input type="checkbox"/> Other (please specify):

## Part D: Parent, legal guardian or representative details (if applicable)

Complete this section if you are filling out this form for:

- a person aged under 18 for whom you have parental responsibility, OR
- a person 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.

<b>Full name</b>	
<b>Relationship to person making request:</b>	
<p><b>NOTE:</b> If you are a legally appointed guardian you will need to provide your Proof of Identity (POI) and guardianship status to the NDIA. This information can be verified through the Australian Department of Human Services (Centrelink) using the CRN provided on page 2 (if applicable) or you can provide copies of two POI documents (or a 'Government issued photo card') and the guardianship document with this form.</p>	
<b>Phone</b>	TTY:
<b>How would you like to receive letters?</b>	
<input type="checkbox"/> Email	
<input type="checkbox"/> Post	<input type="checkbox"/> Same as person making request <i>If different:</i>  State:                  Postcode:
<b>Do you need an interpreter?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes      Language: _____

## Part E: Information about your carers and family members (if applicable)

<b>My Carer's full name:</b>	
<b>Contact phone number:</b>	TTY:
<b>Will your carer be taking part in the planning conversation?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have another family member who is, or is seeking to become a NDIS participant?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide their name: _____

## Part F: Your disability, or need for early intervention supports

So we can determine whether you (or your child) meet the disability or early intervention access requirements (including developmental delay), you need to provide us with information about your disability or impairment.

<b>Primary disability:</b> (This is the disability that has the most impact on your daily life)	
<b>Please list other disabilities (if any):</b>	
<b>Did you acquire your disability because of an injury?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you seeking, or have you previously sought compensation related to your disability or injury?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have undertaken one or more of the following assessments or reports in relation to your disability, please provide a copy with your Access Request Form:

- The Care and Needs Scale (CANS)
- Vineland Adaptive Behaviour Scales, 2nd Ed (Vineland-II)
- Diagnostic and Statistical Manual of Mental Disorders, 5th Ed (DSM-5) – Autism Spectrum Disorder
- Diagnostic and Statistical Manual of Mental Disorders, 4th Ed (DSM-4) – Autism Spectrum Disorder
- Childhood Autism Rating Scale (CARS)
- Adaptive Behaviour Assessment System (ABAS)
- Autism Diagnostic Observation Schedule (ADOS)
- Gross Motor Functional Classification Scale (GMFCS)
- Communication Function Classification Score (CFCS)
- Manual Ability Classification System (MACS)
- Diagnostic and Statistical Manual of Mental Disorders, 5th Ed (DSM-5) –Intellectual Disability
- Diagnostic and Statistical Manual of Mental Disorders, 4th Ed (DSM-4) –Intellectual Disability
- Clinical Evaluation of Language Fundamentals, 4th Ed
- Wechsler Preschool and Primary Scale of Intelligence, 3rd Ed (WPPSI-III)
- Wechsler Intelligence Scale for Children (WISC-IV)
- IQ test
- Hearing Loss (Measured in decibels in better ear)
- Disease Steps
- Expanded Disability Status Scale
- Level of lesion
- ASIA Score
- Modified Rankin Scale
- Visual acuity level
- Visual field loss (horizontal and vertical)
- World Health Organisation Disability Assessment Schedule (WHODAS 2.0)
- Other

**We need supporting information about your disability and the impact it has on your mobility, communication, social interaction, learning, self-care and/or ability to self-manage.**

You can do this by:

Providing us with copies of reports, letters or assessments from your health or education professional detailing your (or your child's) impairment and the impact it is has on daily life

**OR**

By asking a professional to complete the table below:

<b>Full name of professional (health or education)</b>			
<b>Professional Qualification</b>			
<b>Phone</b>		<b>Email</b>	
<b>Length of time you have known or treated the person making request?</b>			
<b>Primary disability and any secondary disabilities:</b>			
<b>Current treatment (if any):</b>			
<b>Is there any other treatment that is likely to remedy the impairment?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>1. Mobility/motor skills</b> Moving around the home (crawling/walking), getting in or out of bed or a chair, leaving the home and moving about in the community Assistance required does not include commonly used items such as glasses, walking sticks, non-slip bath mats, bathroom grab rails and hand rails installed at stairs			
Does the person require assistance to be mobile because of their disability?	<input type="checkbox"/> <b>No</b> , does not need assistance <input type="checkbox"/> <b>Yes</b> , needs special equipment <input type="checkbox"/> <b>Yes</b> , needs assistive technology <input type="checkbox"/> <b>Yes</b> , needs assistance from other persons: (physical assistance, guidance, supervision or prompting)		
<b>If yes, please describe the type of assistance required:</b>   			

<b>2. Communication</b>	
Being understood in spoken, written or sign language, understanding others and express needs and wants by gesture, speech or context appropriate for age	
Does the person require assistance to communicate effectively because of their disability?	<input type="checkbox"/> <b>No</b> , does not need assistance <input type="checkbox"/> <b>Yes</b> , needs special equipment <input type="checkbox"/> <b>Yes</b> , needs assistive technology <input type="checkbox"/> <b>Yes</b> , needs assistance from other persons: (physical assistance, guidance, supervision or prompting)
If <b>yes</b> , please describe the type of assistance required:	
<b>3. Social interaction</b>	
Making and keeping friends, interacting with the community (or playing with other children), coping with feelings and emotions	
Does the person require assistance to interact socially because of their disability?	<input type="checkbox"/> <b>No</b> , does not need assistance <input type="checkbox"/> <b>Yes</b> , needs special equipment <input type="checkbox"/> <b>Yes</b> , needs assistive technology <input type="checkbox"/> <b>Yes</b> , needs assistance from other persons: (physical assistance, guidance, supervision or prompting)
If <b>yes</b> , please describe the type of social interaction assistance required:	
<b>4. Learning</b>	
Understanding and remembering information, learning new things, practising and using new skills	
Does the person require assistance to learn effectively because of their disability?	<input type="checkbox"/> <b>No</b> , does not need assistance <input type="checkbox"/> <b>Yes</b> , needs special equipment <input type="checkbox"/> <b>Yes</b> , needs assistive technology <input type="checkbox"/> <b>Yes</b> , needs assistance from other persons: (physical assistance, guidance, supervision or prompting)
If <b>yes</b> , please describe the type of assistance required:	

Sample



## Part H: Signature

When I sign this Access Request Form:

- I certify that the information I have provided is true and correct and that I have given all of the information and documents that I have or can get that are required by this Access Request Form
- I understand that giving false or misleading information is a serious offence.
- I understand that I am giving consent for the NDIA to do the things with my information set out in Part B and with the people I have indicated in Part D. I understand that I can withdraw my consent for the NDIA to do things with my information at any time by letting the NDIA know.
- I understand that I can access the NDIA's Privacy Notice and Privacy Policy on the NDIA website or by contacting the NDIA.
- I understand that if I have selected email under Part C as my preferred means of communication, that the NDIA may email me sensitive or confidential information. I understand that the NDIA cannot guarantee the security of the email once it leaves the NDIA system.
- I understand that my access to the following Commonwealth programs will cease (if applicable) if I become a participant in the NDIS:
  - Helping Children with Autism and Better Start
  - Mobility Allowance

**Signature:** \_\_\_\_\_ **Date:**     /     /20

**Full Name (please print)** \_\_\_\_\_

**If you have signed this Access Request Form on behalf of the person wishing to become an NDIS participant please complete the details below. It is an offence to provide false or misleading information.**

**Full name of person completing this form (please print):** \_\_\_\_\_

**Relationship to person wishing to become an NDIS participant:** \_\_\_\_\_

We may require you to provide evidence of your authority to sign on behalf of the person.

**Please return the completed form to:**

**Mail:** GPO Box 700, Canberra, ACT 2601

**Email:** [NAT@ndis.gov.au](mailto:NAT@ndis.gov.au) or

**In person:** take it to your local NDIA office