

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 if you want 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
- to allow another 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

Full name	
Date of birth (DD/MM/YYYY)	
NDIS number	
Contact phone number	
Contact email	

Once you have completed Part A (above):

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

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).

Your full name	
Your date of birth (DD/MM/YYYY)	
Your phone number	
Your email	
What is your relationship to the participant/ the applicant e.g. child representative, plan nominee, legally appointed decision maker	
Employee number or logon (if you are completing this form as part of your job)	

Part C: Give consent

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

If there are more people or organisations you want to give consent to, you'll need to provide consent for each one individually. Or, you can give your consent over the phone by calling **1800 800 110**. You can also contact us in any of the ways listed under [How do I return this form to the NDIA](#).

Please mark the correct box and complete the details below.

I am giving consent to a person.

First name	
Surname	
Is this person a NDIS provider or do they work for an NDIS provider? (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to this question, what is the name of the NDIS provider?	
Phone	
Email	
Address (include street or PO Box number, suburb, state and postcode)	
Relationship to participant/applicant	

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

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](#).

Organisation name	
Key contact's first name	
Key contact's surname	
Key contact's position title (if applicable)	
Is this organisation an NDIS provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to this question, do they provide NDIS supports to you?	<input type="checkbox"/> Yes

	<input type="checkbox"/> No
Phone	
Email	
Address (include street or PO Box number, suburb, state and postcode)	

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

Consent to share information about:

- my name, date of birth, NDIS participant number and NDIS participant status
- my address, email and phone number
- details about my carers
- details about my informal supports
- details about my service providers
- assessments and reports the NDIA holds about me
- my NDIS application form
- the outcome of my NDIS application
- if I am found eligible for the NDIS, confirmation of when my first plan is approved
- a copy of all parts of my current NDIS plan
- a copy of my current NDIS plan's goals and aspirations
- a copy of my current NDIS plan's funding and support
- who my NDIS contact is and how to contact them
- a copy of all parts of any previous NDIS plans
- a copy of any previous NDIS plan goals and aspirations
- a copy of any previous NDIS plan funding and support
- all of the above

Consent to change my:

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

Consent to do these things on my behalf:

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

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

If so, please tell us what this is below:

We'll do our best to include these other things. If we're unable to do this, we'll let you know and explain why.

How long are you giving consent for?

One time only Until a set date (DD/MM/YYYY): ____ / ____ / _____

Ongoing (enduring)

Part D: 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.

Form



You can find out more about how we collect, use and disclose your personal and sensitive information on our website (ndis.gov.au). Select **'About'**, then select **'Policies'**, then **'Freedom of Information'**, then **'Privacy'** from the menu on the right.

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

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

Signature	
Name	
Date (DD/MM/YYYY)	