

# Access Request Form

Complete this form to apply for the National Disability Insurance Scheme (NDIS).

## How to complete this form:

- You (the applicant) should complete **Section 1**.
- Your Treating Professional should complete **Section 2**.
- Please attach evidence of age, residence (including citizenship or visa status), and disability with this application form. We need this information to make a decision about your application.

**For children younger than 9:** Early childhood partners deliver a nationally consistent early childhood approach. Our early childhood approach is for families with children younger than 6 with developmental delay, or younger than 9 with disability. Children who do not fully meet the definition of developmental delay and have developmental concerns will also be supported through the **early childhood approach**.

Please visit our website ([ndis.gov.au](http://ndis.gov.au)) and select '**Contact**' or call us to get contact details for an early childhood partner in your area.

## How to contact us

Do you need help to understand this form?

Do you need help to fill out this form?

Do you have more questions or need information about the NDIS?

### You can contact us by:

<b>Phone:</b>	1800 800 110
<b>Speak and Listen:</b>	1800 555 727
<b>Teletypewriter (TTY):</b>	1800 555 677
<b>Email:</b>	<a href="mailto:NAT@ndis.gov.au">NAT@ndis.gov.au</a>
<b>Internet Relay:</b>	Visit <a href="http://relay.service.gov.au">relay.service.gov.au</a> and ask for 1800 800 110
<b>Translating and Interpreting Service (TIS):</b>	Call TIS National on 131 450 and ask for the NDIA on 1800 800 110 once an interpreter is available

## How to return your completed form and evidence to us:

- **Email:** [NAT@ndis.gov.au](mailto:NAT@ndis.gov.au)
- **Mail:** GPO Box 700, Canberra, ACT 2601
- **In person:** Take it to your local NDIA office.

# Section 1: Completed by the Applicant or Representative

## Part A: Applicant's Information

In **Part A**, you need to provide some information about yourself and where you live. To be eligible for the NDIS you must be under 65, live in Australia and be an Australian citizen or hold a permanent or special category visa.

### Applicant Details

**1. Title:**

(e.g. Ms, Mr, Mx)

**2. Given name/s:**

**3. Preferred name:**

**4. Surname:**

**5. Have you ever used, or been known by another name?**

☐ No

☐ Yes – provide details below

Other name:

Type of name (e.g. legal name, name at birth, name before marriage):

**6. Do you have a preferred gender and/or pronoun?**

(e.g. female, she/her)

☐ Male

☐ Female

☐ Do not wish to disclose

☐ Other – provide details below

Preferred gender:

Preferred pronoun:

**7. What is your date of birth?**

(DD/MM/YYYY)

\_\_\_ / \_\_\_ / \_\_\_\_\_

**Note:** For children younger than 9, we encourage parents/guardians to contact your local early childhood partner before completing this form

**8. Are you of Aboriginal and/or Torres Strait Islander origin?**

☐

No

☐

Yes – Aboriginal

☐

Yes – Torres Strait Islander

☐

Yes – Aboriginal and Torres Strait Islander

☐

Do not wish to disclose.

**9. What is your country of birth?**

**10. Are you living in Australia permanently?**

☐

No

☐

Yes

**11. Are you an Australian citizen?**

☐

No – **Go to Question 12**

☐

Yes – **Go to Question 13**

**12. What type of visa do you have?**

☐

Permanent Residence visa – provide details below

☐

Protected Special Category visa

☐

Other – provide details below

Visa type:

Nationality:

**13. What is your current home address?**

Number, Street:

Suburb:

State:

Postcode: \_\_\_\_\_

**14. Is your postal address the same as your home address?**

**Note:** You may want to let us know if you are homeless, or if you currently living at an inpatient facility or a correctional centre.

☐ Yes

☐ No – provide your postal address below

☐ I have no fixed address – provide your contact details below

☐ I am in hospital or another inpatient facility – provide the address below

☐ I am living at a correctional centre – provide the address below

Number, Street or PO Box:

Suburb:

State: Postcode: \_\_\_\_\_

**15. Do you have an immediate family member who is applying for the NDIS or is already a participant?**

**Note:** When more than one NDIS participant lives in the same household, we can consider your collective needs.

☐ No

☐ Yes – provide their names, NDIS reference number (you can find this at the beginning of our letters) and relationship to you below

Family Member 1:

NDIS Number:

Family Member 2:

NDIS Number:

Family Member 3:

NDIS Number:

Family Member 4:

NDIS Number:

## Part B: Privacy and Consent Declaration

In **Part B**, you need to read through the declaration and complete the information below to tell us if you give your consent for us to collect your information.

### Privacy and Consent Declaration

The National Disability Insurance Agency (NDIA) collects your personal and sensitive information to decide if you are eligible for the NDIS. If you are eligible, we will use this information to help develop, implement and review your NDIS Plan and do other things related to the NDIS.

We will collect your information directly from you unless it is not practical to do so. We can also collect your information from others when it is allowed under a law.

Sometimes we may need to:

- collect your personal and sensitive information from other people
- disclose your personal and sensitive information to other people.

We need your consent to share this information with other people to help us to decide whether you are eligible for the NDIS and, if so, to help make your NDIS plan. These other people are called third parties, and they may be a family member, representative, nominee, treating professional, support worker, community partner or other state, territory or Commonwealth Government agencies.

If you live in Shared Supported Accommodation, (a home shared with other people where you all share support from paid staff), we may also share your personal and sensitive information with staff who work at the group home. Sharing this information will help us to develop your NDIS plan if you become a participant.

If you have received or may be entitled to a compensation payment for a personal injury, we need your consent to be able to collect and disclose your personal information from your legal representative about your compensation matter. Collecting this information will help us develop your NDIS plan if you become a participant.

If we do not collect your personal and sensitive information, we may not be able to decide your eligibility for the NDIS or assist you with preparing and implementing an NDIS plan.

You can find out more about how we collect, use and disclose your personal and sensitive information by visiting the NDIS website: ([ndis.gov.au](https://www.ndis.gov.au)). To find our Privacy Policy:

- navigate to our website, select '**About**', scroll and select '**Policies**', then '**Freedom of Information**', then '**Privacy**' from the menu on the right
- for Easy English: follow the instructions above and then select '**Privacy Easy Read**' from the menu on the right.

## 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

**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.

## 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

1. Would you prefer us to send you letters or emails?

☐ Letters

☐ Emails

2. 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.

3. 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

4. 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

5. What is the main language spoken at your home?

6. Do you need an interpreter to help us communicate with you?

☐ No

☐ Yes – provide language below:

## 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

1. First name/s:

2. Surname:

3. What is your relationship to the applicant?

4. 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



on their behalf. An applicant can provide evidence of this consent by:

- calling the NDIS to provide verbal consent, or
- attaching written consent to this form.

**5. What is your date of birth?**

\_\_\_ / \_\_\_ / \_\_\_\_\_

(DD/MM/YYYY)

**6. How would you like us to contact you?**

☐ Home phone – provide details below

☐ Work phone – provide details below

☐ Mobile phone – provide details below

☐ Email – provide details below

☐ TTY – provide details below

**7. Can we use SMS to contact you?**

☐ No

☐ Yes, I consent to being contacted by SMS

**8. Do you need an interpreter to help us communicate with you?**

☐ No

☐ Yes – provide language below:

**9. Would you prefer to receive letters or emails about the applicant's access request?**

☐ Letters

☐ Emails

## 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  
 \_\_\_ / \_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)

#### 4. Have you sought compensation regarding that accident or event?

☐ No – **Go to Question 6**

☐ Yes – **Go to Question 5**

#### 5. Has the compensation claim been finalised?

☐ No – **Go to Question 6**

☐ Yes – provide details below

What date was the claim finalised?

\_\_\_ / \_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)

How much was the compensation payment?

\_\_\_\_\_

#### 6. Have you received legal advice about your compensation claim?

☐ No

☐ Yes

## 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.

## Part F: Signature and Declaration

You can only complete this section if you:

- are the applicant
- have parental responsibility for the applicant (under 18 years of age)
- have legal authority to act for the applicant, and have provided evidence in **Part D**.

### By signing this document:

- I certify that the information I have provided is true and correct.
- I confirm that I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.
- I understand that I must inform the NDIA as soon as possible about any changes in circumstance (or likely changes in circumstance) that may affect my application as per the [Change in Circumstances](#) page on our website.
- I understand that giving false or misleading information is a serious offence.
- I consent to the NDIA collecting, using and disclosing my information if indicated in **Part B**.
- I understand I can withdraw my consent for the NDIA to do things with my information at any time by letting the NDIA know.
- I understand I can access the NDIA's [online Privacy Policy on the NDIS website](#) or by contacting the NDIA.
- I understand that if I have selected email in **Part C** or **Part D** as my preferred means of communication, that the NDIA may email me sensitive or confidential information, the security of which cannot be guaranteed once it leaves the NDIA system.
- I understand that if further evidence or information is requested by the NDIA and I do not comply with this request within the specified timeframe, my application may be taken to be withdrawn as per [subsection 26\(3\) of the National Disability Insurance Scheme Act \(2013\)](#).
- I acknowledge that access to the following Commonwealth programs will cease if I become a participant in the NDIS: Helping Children with Autism, Better Start and Mobility Allowance.

**1. Applicant or representative's signature**

**2. Your full name:**

**3. Date (DD/MM/YYYY):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Section 2: Completed by the Treating Professional

## Part A: Treating Professional's Information

The National Disability Insurance Agency (NDIA) collects your personal information, such as name, contact details, and qualifications to process the applicant's NDIS application. We may need to communicate with you about the applicant's request while we are determining their eligibility for the NDIS.

To find out more about our Privacy Policy, go to our website ([ndis.gov.au](https://www.ndis.gov.au)), select '**About**', scroll and select '**Policies**', then '**Freedom of Information**', then '**Privacy**' from the menu on the right.

For more information about completing this form, go to our website ([ndis.gov.au](https://www.ndis.gov.au)), select '**Applying**', scroll down and select '**Information for GPs and health professionals**'.

### Applicant's Treating Professional

1. First name:

2. Surname:

3. Professional qualification(s):

4. Provider registration number:

5. Length of time you've treated the applicant:

6. Business address:

Business name:

Number and Street:

Suburb:

State:

Postcode: \_\_\_\_\_

7. Phone:

\_\_\_\_\_

8. Email:

\_\_\_\_\_

## 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?

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

a) Description of current treatments:

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

b) Duration/frequency of current treatments:

c) Expected results of current treatments:

## 6. Provide details about previous treatments/interventions:

a) Description of previous treatments:

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

b) Duration/frequency of previous treatments:

c) Results of previous treatments:

## 7. Are there any available, evidence-based treatments/interventions that are likely to substantially relieve the applicant's impairment?

☐ No

☐ Yes – provide details below

a) Description of available treatments:

**Note:** If any commonly known treatments are yet to be pursued, please attach a separate document with your clinical rationale.

b) Duration/frequency of available treatments:

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

c) Expected results of available treatments:

## Part C: Early Intervention

An applicant may be eligible for the NDIS if they meet the early intervention requirements. Early intervention is intended to reduce the long term impacts of a person's disability, reduce their future support needs and sustain their informal supports.

For more information about Early Intervention requirements, go to our website ([ndis.gov.au](https://www.ndis.gov.au)), select '**About**', scroll down and select '**Operational Guidelines**', and select '**Applying to the NDIS – Do you need early intervention?**'.

**For children younger than 9, we encourage parents/guardians to contact their local early childhood partner before completing this section.**

### Applicant's Early Intervention support needs

**1. Are Early Intervention supports likely to reduce the applicant's future support needs?**

- ☐ No – **Go to Part D**
- ☐ Yes – **Go to Question 2**

**2. The provision of early supports will:**

- ☐ Alleviate the impact on functional capacity
- ☐ Prevent deterioration of functional capacity
- ☐ Improve functional capacity
- ☐ Strengthen existing supports

**3. Provide details of your recommendations for early intervention support:**

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

a) Description of recommended interventions:

b) Duration/frequency of recommended interventions:

c) Expected results of recommended intervention:



## Part D: Existing Assessments

Have any of the following assessments been completed with the applicant?

☐ Yes – Provide details below

☐ No – **Go to Part E**

Providing copies of existing assessments helps the applicant to get a quick and accurate eligibility decision and reduces delays for the person when they have to provide more information.

Assessment Type	Date:	Result:	Attached?
Care and Needs Scale (CANS)			<input type="checkbox"/> Yes
Gross Motor Functional Classification Scale (GMFCS)			<input type="checkbox"/> Yes
Hearing Acuity Score			<input type="checkbox"/> Yes
Diagnostic & Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)			<input type="checkbox"/> Yes
Visual Acuity Score			<input type="checkbox"/> Yes
Communication Function Classification System (CFCS)			<input type="checkbox"/> Yes
Vineland Adaptive Behaviour Scale (Vineland-II)			<input type="checkbox"/> Yes
Modified Rankin Scale (mRS)			<input type="checkbox"/> Yes
Manual Ability Classification Scale (MACS)			<input type="checkbox"/> Yes
American Spinal Injury Association Impairment Scale (ASIA/AIS)			<input type="checkbox"/> Yes
Disease Steps			<input type="checkbox"/> Yes
Expanded Disability Status Scale (EDSS)			<input type="checkbox"/> Yes
Health of the Nation Outcome Scales (HoNOS)			<input type="checkbox"/> Yes
Life Skills Profile 16 (LSP-16)			<input type="checkbox"/> Yes
Other:			<input type="checkbox"/> Yes

## Part E: Evidence of functional capacity

You can provide evidence about how the person's disability impacts their functional capacity by:

- sending copies of existing assessments from allied health professionals or other specialists, or,
- completing **Part E**.

### What are the impacts across key domains?

**Part E** asks you to describe the ways an applicant's disability impacts their functional capacity across key domains. This information is required to demonstrate whether they experience substantially reduced functional capacity in one or more life activities.

### Describe what the applicant can, and can't, do

Your response should take into account what the applicant can and cannot do, independently, with regard to the typical capacity of others of a similar age. A person would be considered to be unable to participate effectively in activity if they cannot safely complete one or more of its components; rather than when they complete a task more slowly or in a different way to others.

### What are the impacts on the applicant's day-to-day life most of the time?

Provide an overview of the applicant's functional capacity across the majority of their day-to-day life, rather than when they need the most or least support.

You can find more information about functional capacity on our website ([ndis.gov.au](https://www.ndis.gov.au)). Select 'About', then 'Operational Guidelines', scroll down and select 'Access to the NDIS', then '8.3 Substantially reduced functional capacity to undertake relevant activities'.

**Note:** Provide details within each key domain, to describe how the applicant's disability **substantially impacts** their ability to effectively complete or participate in specific life activities.

### 1. How does the applicant's disability substantially impact their functional capacity?

#### Key Domains

#### Affected life activities

☐ **Mobility**

(or moving around) involves using limbs for physical activities such as standing, walking, freely getting in and out of bed, and leaving the home.

If indicated, also complete **Question 2.1**

☐ **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 children younger than 9).

If indicated, also complete **Question 2.6**

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

### 2.1 Mobility

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

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:

☐ **Assistance from other persons**

Specify type and frequency of assistance required:

### 2.3 Social Interaction

**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

**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:

☐ **Assistive equipment and technology**

Specify type and frequency of assistance required:

☐ **Assistance from other persons**

Specify type and frequency of assistance required:

**2.5 Self-Care (not applicable for applicants aged 0–2 years)**

**What type/s of self-care 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:

**2.6 Self-Management (not required for children younger than 9)**

**What type/s of self-management 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:

## Part F: Additional Notes

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Do you want to provide any further information?



# Part G: Treating Professional's Signature and Declaration

You must complete **Part G. Section 2 cannot be processed** without the Treating Professional's endorsement (i.e. signature and date) below.

## By signing this document:

- I certify that the information I have provided is true and correct, and that I have supplied all of the available information and documents needed for the applicant's application.
- I understand that giving false or misleading information is a serious offence.
- I consent to being contacted at a later date by an NDIA representative if required.

1. Treating Professional's signature:

2. Treating Professional's full name:

3. Date:

(DD/MM/YYYY)

# 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 ☐

**Part B:** Privacy and Consent Declaration ☐

**Part C:** Contact Methods ☐

**Part D:** Parent, Legal Guardian, or Representative Information (if applicable) ☐

**Part E:** Overview of Disability ☐

**Part F:** Applicant or Representative Signature and Declaration ☐

**Attachments:** Information/evidence of Authorised or Legal representative (if applicable) ☐

**Attachments:** Information/evidence of disability and/or functional capacity (if applicable) ☐

## Section 2: Completed by Treating Professional (pages 14–26)

**Part A:** Treating Professional's Information ☐

**Part B:** Evidence of Disability ☐

**Part C:** Early Intervention Support Needs ☐

**Part D:** Existing Assessments ☐

**Part E:** Evidence of Functional Capacity ☐

**Part F:** Additional Notes ☐

**Part G:** Treating Professional's Signature and Declaration ☐

# Attachment B: Proof of Age and Residence

## Proof of Age – Applicant is under 65 years of age

Consent to use the applicant's Centrelink record, or

A copy of one of the following documents to verify the applicant's date of birth:

- birth certificate
- driver's licence
- proof of age card (issued by state licensing authorities)
- current passport biodata page (i.e. page containing photograph)
- my First Health Record ('Blue Book' in some states) signed by Doctor/Midwife (infant 0-3 months)
- adoption papers.

## Proof of Residence – Applicant lives permanently in Australia

Consent to use the applicant's Centrelink record, or

A copy of one of the following documents to verify the applicant's current address:

- utility bill (within the last 3 months) with applicant's current address
- lease, rental agreement or contract of house purchase (current year)
- council rates notice (current year)
- home insurance policy (current year).

**Proof of Residence – Applicant has Australian Residency**

Consent to use the applicant's Centrelink record, or

A copy of one of the following documents to verify the applicant's Residency:

- birth certificate
- Australian Citizenship or naturalization certificate
- overseas passport which includes a valid Australian Permanent Residency Visa or Protected Special Category Visa
- travel document which includes a valid Australian Permanent Residency Visa or Protected Special Category Visa.

A comprehensive list of examples and evidence requirements can be found at [Australian Passport Office](#) (external).

**Additional Proof – Applicant (or Parent) was born on, or after, 20th August 1986**

You will need to provide more information if the applicant is:

- an Australian citizen, and
- born on, or after, the 20th August 1986.

Consent to use the applicant's and Parent's Centrelink record, or

A copy of the applicant's birth certificate, and

A copy of one of the following documents:

- an Australian passport issued on, or after, 1st January 2000, valid for at least 2 years; or
- an Australian citizenship certificate; or
- proof of one parent's Australian citizenship (Australian Birth Certificate or citizenship certificate) at the time of the applicant's birth.

**Note:** If the applicant's parent was also born on or after the 20th August 1986, you will need to provide proof of Australian Citizenship from one grandparent.