

Form

Consent for a third party to act on your behalf

Please use this form to give your permission (consent) to another person or an organisation (third party) to do things for you with the NDIS.

There are 4 parts to this form ([A](#), [B](#), [C](#), and [D](#)). Depending on your situation, you will not have to complete each part. We have provided instructions for you throughout the form.

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**'.

You can give your consent for someone to act on your behalf if you are an applicant, a participant, a child representative, a plan nominee or legally appointed decision maker for the applicant or participant. When we say applicant, we mean someone who is applying to the NDIS.

We will only let another person or organisation do things for you with the NDIS if you have given us consent or if we are 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 for a third party to do things for you with the NDIS.

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.

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Part A: Applicant/participant details

Please complete **Part A** with the details of the person who is giving consent.

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

If you are the **applicant** or **participant**, go to [Part C](#).

If you are a **child representative, plan nominee** or **other legally appointed decision maker**, complete [Part B](#) then [Part C](#).

Part B: Child representative, plan nominee, legally appointed decision maker details

Please provide your details in this section if you are 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).

The NDIA may ask you to provide information to confirm you are authorised to represent the participant or applicant and to verify your identity.

Full name	
Date of birth (DD/MM/YYYY)	
Contact phone number	
Contact email	
Relationship to applicant/participant 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)	

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Part C: Third party details and consent

Details of who you want to give consent to

Please complete the details of the persons/organisations you want to give consent to act on your behalf below.

You can provide the details of up to two people and/or organisations. If there are more people or organisations you want to give consent to, you can include them as a list when sending this form back to us.

I consent to the below persons/organisations to act on my behalf:

Person/organisation 1

Please mark the correct box and complete the details below.

Person

Organisation

First name	
Surname	
Position Title (if applicable)	
Organisation name (if applicable)	
Phone	
Email	
Address (include street or PO Box number, suburb, state and postcode).	
Relationship to applicant/participant	

What would you like the above person/organisation to do on your behalf?

Please mark the boxes that apply to you.

To make an access request

To request review of your plan, including due to change in circumstances

To request a review of a decision made by the NDIA

To send us information we ask for if we do an agency initiated plan review

To assist with making requests for Assistive Technology, Home Modifications, or other specific supports

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- To make a complaint for you and to talk to the NDIA about the complaint
- To make administrative changes to your NDIS record such as updating your contact details
- To update your bank account details in your NDIS record
- Other. Please tell us below:

How long are you providing consent for?

- Until further notice
- Until a set date (DD/MM/YYYY): _____
- One time only

Person/organisation 2

Please mark the correct box and complete the table below.

- Person
- Organisation

First name	
Surname	
Position title (if applicable)	
Organisation name (if applicable)	
Phone	
Email	
Address (include street or PO Box number, suburb, state and postcode).	
Relationship to applicant/participant	

What would you like the above person/organisation to do on your behalf?

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Please mark the boxes that apply to you.

- To make an access request
- To request review of your plan, including due to change in circumstances
- To request a review of a decision made by the NDIA
- To send us information we ask for if we do an agency initiated plan review
- To assist with making requests for Assistive Technology, Home Modifications, or other specific supports
- To make a complaint for you and to talk to the NDIA about the complaint
- To make administrative changes to your NDIS record such as updating your contact details
- To update your bank account details in your NDIS record
- Other. Please tell us below:

How long are you providing consent for?

- Until further notice
- Until a set date (DD/MM/YYYY): _____
- One time only

Part D: Your declaration

This part needs to be signed by whoever completed 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. You can find this information on the NDIS website.

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- 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 so they can take the identified action/s on my behalf.
- I understand I can withdraw or change my consent to share information and/or my permission 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 can only be given to someone else where Commonwealth law allows, or requires it, or where I give permission.

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.

Signature	
Name	
Date (DD/MM/YYYY)	