

## Consent for a third party to act on behalf of a participant

---

Please complete this form when you wish to give a third party (a person or organisation - such as your legal representative or other advocate) permission to act on your behalf. This relates to information held by the National Disability Insurance Agency (NDIA) about you, your NDIS plan, or your NDIS supports. You are not required to use this form to enable a nominee to act on your behalf.

The things a third party is able to do will depend on your permission on this form. For example, you can agree to the third party making a request on your behalf:

- for a plan review where you have a change in circumstances
- for a review of a decision made by the NDIA
- for Assistive Technology, Home Modifications or other funded supports, or
- making arrangements or providing information for a plan being developed.

If you give a third party permission to do something on your behalf, the NDIA will share information relevant to that act with that third party.

In [Part D](#) of this form, you will be asked to confirm your consent for the NDIA to share information about you with the third party you have identified.

You do not have to give your permission if you do not want a third party to do things on your behalf. If you decide that you do not want the third party to do things on your behalf anymore, you can withdraw your consent by contacting us.

### How do I return this form to the NDIA?

There are a few ways you can return this form to us:

- **Email:** [enquiries@ndis.gov.au](mailto: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.

# Form

## Part A: Participant details

**Note:** If you are **not** the participant and you are a child representative, plan nominee or other legally appointed decision maker, please complete this section with information about the participant you are representing.

Full name	
Date of birth (DD/MM/YYYY)	
NDIS participant number	
Preferred contact details (phone number, email address, etc.)	

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

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

## 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 a participant:

- under 18 years for whom you have parental responsibility, or a child representative
- for whom you are a plan nominee,
- 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 and to verify your identity.

**Please mark the relevant box below to indicate your relationship to the participant**

- ☐ Child representative
- ☐ Plan nominee
- ☐ Legally appointed decision maker

Participant representative full name	
Preferred contact details (phone number, email address, etc.).	

# Form

## Part C: Third party details and consent

I consent to the organisation or individual identified below to act on my behalf.

Full name	
Organisation (if applicable)	
Preferred contact details (phone, email, etc.)	

### Please mark the relevant boxes below to indicate the purpose for your consent

- ☐ To request review of your plan, including due to change in circumstances
- ☐ To request a review of a decision made by the NDIA
- ☐ To make arrangements for a scheduled plan review
- ☐ To assist with the submission and implementation of requests for Assistive Technology, Home Modifications, or other specific supports
- ☐ To manage a complaint made by you
- ☐ To make administrative changes to your NDIS record such as updating my contact details
- ☐ To update my bank account details in my NDIS record
- ☐ Other. Please specify below:

### Please mark the relevant box below to indicate the length of time you are providing the consent for

- ☐ Ongoing
- ☐ For the duration of my current NDIS plan

- ☐ For a set time ending (DD/MM/YYYY):
- ☐ Once only

# Form



## Part D: Your declaration

**Please note:** NDIS participants' aged 18 and over have other options instead of signing this consent form.

- If you are unable to sign in [Part D](#), you may provide verbal consent to the NDIA, or
- You can direct someone aged 18 and over to sign (your 'delegate') in the presence of a witness.

**If you direct a delegate to sign on your behalf,**  
your delegate and witness need to complete  
[Part E](#). Otherwise please sign, below.

**By signing this consent form (please mark each box below):**

- ☐ I understand I can obtain 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 ([ndis.gov.au/privacy](https://www.ndis.gov.au/privacy)).
- ☐ 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.

Signature	
Name	
Date (DD/MM/YYYY)	

**If you are not the participant, please mark the relevant box below to indicate your relationship to the participant**

- ☐ Child representative
- ☐ Plan nominee
- ☐ Legally appointed decision maker (please provide the NDIA with details of this appointment if not already provided).

## Part E: Your delegate's declaration

**Please note:** This section is **only** to be completed if you, the participant, is unable to sign this form in [Part D](#). Instead, your chosen 'delegate' must be aged 18 and over and can sign in the presence of a witness, below.

Signature of participant's delegate	
Name of participant's delegate	
Signature of Witness	
Name of Witness	
Date (DD/MM/YYYY)	

### Witness certification (please mark each box below):

- ☐ I certify this document was signed by the delegate in the presence of the person providing consent
- ☐ I certify that consent was provided freely and voluntarily; and
- ☐ I certify that the person providing consent has decision making capacity in relation to the provision of consent provided.

## Privacy and your personal information

### Collection of your personal information

The National Disability Insurance Agency (NDIA) would like some personal information from you to simplify your engagement with the NDIS. Any personal information you provide to the NDIA is safe under the National Disability Insurance Scheme Act 2013 and the Privacy Act 1988. You can also ask to see what personal information (if any) we hold about you at any time and can seek correction if the information is wrong.

### Personal information use and disclosure

The NDIA will use your information to support your involvement in the NDIS.

The NDIA will NOT use any of your personal information for any other purpose, or disclose your personal information to any other organisations or individuals (including any overseas recipients), unless authorised by law or you provide your consent for us to do so.

### The NDIA's privacy policy describes

- how we use your personal information.
- why some personal information may be given to other organisations from time to time.
- how you can access the personal information we have about you on our system.
- how you can complain about a privacy breach, and how the NDIA deals with the complaint.
- how you can get your personal information corrected if it is wrong.

You can find the policy at the NDIS website ([ndis.gov.au/privacy](https://www.ndis.gov.au/privacy)).

### Personal information storage

The NDIA uses an Australian Government computer system to store personal information. System users, other than NDIA staff, may at times be able to see your name when they perform program duties, however they can't record, use or disclose information, and they will not know if you become an NDIS participant. State or territory government officials may also have personal information access as part of the agreement between governments to assist the states and territories in their NDIS evaluation.