

Please fill out the form below.

All fields marked with an asterisk (*) are required. Please indicate in the 'Your message/question' section if you would like to be contacted by the NDIA.

If you think a decision made by the NDIA about you is wrong, you can ask for an internal review of a decision.

What is your message or question about? (choose ONE option)*

- ☐ Accessing the NDIS (I am a person with a disability (or their representative) who wishes to participate in the NDIS)
- ☐ Participant support (I am a participant (or their representative) and need help understanding my plan, change of circumstance, the myplace portal etc.)
- ☐ Provider support (I am providing support for people with disability and need help with registration, payment requests, myplace portal etc.)
- ☐ Early Childhood (I am the carer of a child younger than 9 years old and need more information)
- ☐ Feedback or complaint (I would like to provide a complaint, compliment or feedback about the NDIS and/or NDIA)
- ☐ Other enquiries (general question about the NDIS)

Your details and message below

First name*

Last name

Email*

Phone*

Date of birth

(this will help us answer your questions about access to the NDIS)

Date of birth: Month ▼

Date of birth: Day ▼

Date of birth: Year ▼

Address

(this will help us answer your questions about access to the NDIS)

Postcode*

Message

Submit

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