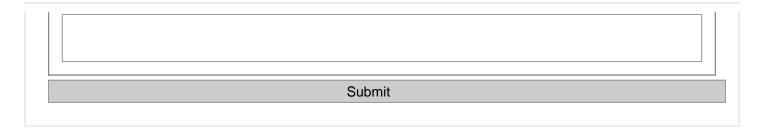
Please fill out the form below.

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.

— \//b	at is your masses as a guestion about? (aboses ONE antion)*			
VVII	at is your message or question about? (choose ONE option)*			
\circ	Accessing the NDIS (I am a person with a disability (or their representative) who			
wish	nes to participate in the NDIS)			
0	Participant support (I am a participant (or their representative) and need help			
und	erstanding my plan, change of circumstance, the myplace portal etc.)			
0	Provider support (I am providing support for people with disability and need help with			
registration, payment requests, myplace portal etc.)				
0	Early Childhood (I am the carer of a child younger than 9 years old and need more			
info	rmation)			
\circ	Feedback or complaint (I would like to provide a complaint, compliment or feedback			
abo	ut the NDIS and/or NDIA)			
0	Other enquiries (general question about the NDIS)			

First name*	
Last name	
Email*	
Phone*	
Date of birth (this will help us answer vour questions about access to the NDIS) Date of birth: Month Date of birth: Day Day Date of birth: Year	
Address (this will help us answer your questions about access to the NDIS)	
Postcode*	
Message	





Please fill out the form below.

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⁻ wha	at is your message or question about? (choose ONE option)*
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Your details and message below	
First name*	
Last name	
Email*	
Phone*	
Date of birth	
(this will help us answer <u>your questions about access</u> to the NDIS)	
Date of birth: Month Month	
Date of birth: Day ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	



Address				
this will help us ans	ver your questions ab	out access to the ND	S)	
Postcode*				
Message				

