# Information Request Form

**For State and Territory Agencies under the** [**Information Sharing Protocol**](https://www.ndis.gov.au/understanding/ndis-and-other-government-services/ndia-working-state-and-territory-governments/sharing-participant-information) **between the NDIA and Australian State and Territory Agencies (Appendix 1)**

**This form is only for use where a participant’s consent or consent of their authorised representative could not be obtained.**

This form should be used by Australian State and Territory agencies for the purposes of requesting information about a person from the National Disability Insurance Agency (**NDIA**), where the State or Territory Agency is not able to reasonably obtain consent from the person or their authorised representative to request the information.

This form can be used to request information about prospective and current National Disability Insurance Scheme (NDIS) participants.

This Form is for the use of external parties and entities requesting information from the NDIA only. All information requests received are considered by the NDIA and any disclosures sought to be made are determined in accordance with the NDIA’s legislative obligations.

## Please email or post the completed form to:

Email: [information.requests@ndis.gov.au](mailto:information.requests@ndis.gov.au)

Post: Legal Services Branch

National Disability Insurance Agency

GPO Box 700

CANBERRA ACT 2601

## Date of request: Click or tap to enter a date.

# Part 1: Overview of your request

## Are you requesting information with consent?

If you are requesting information about a person and you have consent from that person to collect that information, you **do not** need to use this Information Request Form. Please send your request for information to an NDIA employee (for example, a planner, National Contact Centre or local NDIS office) and attach a copy of the consent or authority. The consent or authority must be signed and dated.

Examples of persons who may provide consent to request information on behalf of another person are:

* Authorised representatives, including legal representatives;
* Nominees;
* Public guardians;
* Litigation guardians; and/or
* Child representatives.

If you do not have a consent form but would like to complete one for the purposes of requesting information, please ask an NDIS employee or partner for the NDIS Consent to Exchange Information Form. You can also request this form via the National Contact Centre on 1800 800 110.

## Are you requesting information without consent?

Please tick the relevant box/es that apply to your request for information below and follow the instructions. Please note that the following categories of disclosure in this Part, and in Parts 3 and 4, are consistent with NDIS legislation. These include various classes of disclosure in the public interest.

In the ‘Additional Information’ section at the end of this form, please explain why it was not reasonably practical to obtain the person’s consent.

| Check box | Question |
| --- | --- |
|  | Are you requesting disclosure of information to the chief executive (however described, or delegate) of a Department of State of a State or Territory, or to the head of an authority (or delegate) of a State or Territory, for the purposes of that Department or authority (or delegate)? *If yes, please go to Part 3.* |
|  | Is the disclosure of the requested information in the public interest? Please select from the options below. |
|  | Option A: Is the disclosure of the requested information necessary for the enforcement of a law?  *If yes, please go to Part 4A.* |
|  | Option B: Is the disclosure of the requested information necessary to correct a mistake of fact in relation to the administration of the NDIS?  *If yes, please go to Part 4B.* |
|  | Option C: Is the disclosure of the requested information necessary to brief a State or Territory Minister?  *If yes, please go to Part 4C.* |
|  | Option D: Is the requested information about a person who is, or has been reported to be missing or dead?  *If yes, please go to Part 4D.* |
|  | Option E: Is the disclosure of the requested information necessary to assist a child welfare agency to carry out its responsibilities relating to the safety, welfare or wellbeing of a child?  *If yes, please go to Part 4E.* |
|  | Option F: Is the disclosure of the requested information otherwise necessary for the public interest?  *If yes, please go to Part 4F.*  *General considerations that the Agency takes into account when determining whether to disclose information under a public interest certificate is whether the information can reasonably be obtained from a source other than the Agency and whether the person requesting the information has a genuine and legitimate interest in the information. Examples may include that the disclosure of the information is necessary to:*   * *assist an agency to carry out its responsibilities relating to the safety, welfare or wellbeing of an adult NDIS participant* * *improve the delivery of services provided to an NDIS participant* * *coordinate informal, mainstream, community and funded supports for an NDIS participant* * *support the planning and decision making process for an NDIS participant* * *make enquiries or assess safety concerns regarding an NDIS participant* |

### Additional information

| Why was it not reasonably practical to obtain the person’s consent? |  |
| --- | --- |

# Part 2: Personal details

Please fill out as much information in Part 1 as possible or relevant to your request.

## Requesting party details

| Details requested | **Please respond below** |
| --- | --- |
| Full name: |  |
| Position: |  |
| Agency/Department: |  |
| Email address: |  |
| Phone number: |  |
| Alternative contact name: |  |
| Alternative contact email address: |  |
| Alternative contact phone number: |  |

## Participant details

(If you are requesting information about a participant)

| Details requested | **Please respond below** |
| --- | --- |
| Full name: |  |
| Preferred or other names: |  |
| NDIS Number (if known): |  |
| Date of birth (DD/MM/YYYY): |  |
| Current address (if known): |  |
| Alternative contact details (e.g. phone number, email address): |  |

## Authorised representative details

(If the participant has an authorised representative, such as a nominee, child representative or public guardian, please provide their details here.)

| Details requested | **Please respond below** |
| --- | --- |
| Full name: |  |
| Current address (if known): |  |
| Any other contact details: |  |

## Details of the request

| Details requested | **Please respond below** |
| --- | --- |
| Please outline the nature of your relationship with the participant: |  |
| Please specify the information or documents that you are seeking:  *Please be as specific as possible. For example, you could:*   * *Request a specific document (e.g. NDIS participant plan or a particular medical or assessment report)* * *Request information about supports (e.g. participant providers, nominees or support coordinators)* * *Request information held within a specific timeframe (e.g. current funding information, previous providers)* |  |
| Please specify any timeframes by which the information is requested or any urgency associated with the request: |  |
| Please provide specific details about why the requested information is required: |  |
| Have you tried alternative sources to access the information? If so, please provide reasons why these were or were not successful. |  |

# Part 3: Disclosure for the purposes of a State or Territory Department, Agency or Authority - Particulars of your request

Please only fill out this section if it is relevant to the option selected in Part 1.

| Details requested | **Please respond below** |
| --- | --- |
| Please provide details of why the information is required for your agency or authority’s purposes including, if relevant, details of the relevant program: |  |

# Part 4: Disclosure in the public interest – Particulars of your request

This section relates to disclosures in the public interest, which can be authorised under section 66(1)(a) of the NDIS Act.

Please only fill out the Parts below that relate to the option selected in Part 1.

## Part 4A: Enforcement of laws

| Details requested/check box | **Please respond below** |
| --- | --- |
| Please provide details: |  |
|  | Is the disclosure of the requested information necessary for the enforcement of a criminal law? |
|  | Is the disclosure of the requested information necessary for the enforcement of a law imposing a pecuniary penalty? |
|  | Is the disclosure of the requested information necessary to prevent an act that may have a significant adverse effect on the public revenue? |
|  | Does the disclosure of the requested information relate to an offence or threatened offence against an officer of the Commonwealth, State or Territory? |
|  | Does the disclosure of the requested information relate to an offence or threatened offence against Commonwealth, State or Territory property? |
|  | Does the disclosure of the requested information relate to an offence or threatened offence in premises occupied by the Agency? |

## Part 4B: Mistake of Fact

| Details requested/check box | **Please respond below** |
| --- | --- |
| Please provide details: |  |
|  | Will the integrity of the NDIS be at risk if the mistake of fact is not corrected? |
|  | Does the mistake of fact relate to a matter that was, or will be published (whether by, or with or without the consent of, the person to whom the information relates)? |

## Part 4C: Ministerial Briefing – State or Territory Minister

| Details requested/check box | **Please respond below** |
| --- | --- |
| Please provide details, including which Minister is to be briefed: |  |
|  | Is the disclosure of the requested information necessary to brief a Minister so that they can be advised of complaints or issues raised with the Minister by or on behalf of a person (in writing or orally), and if necessary respond to that person in relation to the complaints or issues? |
|  | Is the disclosure of the requested information necessary to brief a Minister in relation to issues raised or proposed to be raised publicly by or on behalf of the person to whom the relevant information relates so that the Minister can respond by correcting a mistake of fact, a misleading perception or impression, or a misleading statement? |
|  | Is the disclosure of the requested information necessary to brief a Minister about an error or delay on the part of the Agency? |
|  | Is the disclosure of the requested information necessary to brief a Minister about an instance of an anomalous or unusual operation of the Act, regulations made under the Act or the NDIS rules? |

## Part 4D: Missing and Deceased Persons

| Details requested/check box | **Please respond below** |
| --- | --- |
| Please provide details: |  |
|  | Is the person whose information is being requested reported to be missing or dead? |
|  | Is there a reasonable ground to believe that the person would not want the information disclosed? |
|  | Is the information necessary to locate a person? |
|  | Is the information necessary to assist a court, a coronial enquiry, or a royal commission? |
|  | Is the information necessary in relation to the dead person – to assist a person responsible for the administration of the estate of the dead person? |

## Part 4E: Agencies responsible for child welfare

| Details requested/check box | **Please respond below** |
| --- | --- |
| Please provide details: |  |
|  | Is the disclosure of the requested information necessary to assist a child welfare agency contact a parent or relative in relation to a child? |
|  | Is the disclosure of the requested information necessary to assist a child welfare agency to carry out its responsibilities relating to the safety, welfare or wellbeing of a child? |

## Part 4F: Otherwise in the public interest

| Details requested/check box | **Please respond below** |
| --- | --- |
| Please provide details: | *General considerations that the Agency takes into account when determining whether to disclose information under a public interest certificate is whether the information can reasonably be obtained from a source other than the Agency and whether the person requesting the information has a genuine and legitimate interest in the information. Examples may include that the disclosure of the information is necessary to:*   * *assist an agency to carry out its responsibilities relating to the safety, welfare or wellbeing of an adult NDIS participant* * *improve the delivery of services provided to an NDIS participant* * *coordinate informal, mainstream, community and funded supports for an NDIS participant* * *support the planning and decision making process for an NDIS participant* * *make enquiries or assess safety concerns regarding an NDIS participant* |

### Additional information (if required)

*Please attach additional information if required (e.g. current orders, consent or authority form/s, or other information relevant to the information request).*