# Request for a Review of a Decision

You can use this form when:

* we have told you about a decision we have made
* you do not think our decision is right and want to ask for a review
* you are directly affected by the decision or have authority to ask for a review
* this request is within 3 months of the decision
* the decision is one that is reviewable under the law for the NDIS.

Check the ‘Our Guidelines’ website ([ourguidelines.ndis.gov.au](https://ourguidelines.ndis.gov.au/)) to get more information about the decisions we can review and who can ask for a review of these decisions. Select ‘Reviewing our Decisions’ to read more.

If your situation or details change, it’s important to let us know. You can use the [Change of Situation or Change of Details form](https://www.ndis.gov.au/participants/using-your-plan/changing-your-plan/change-circumstances#download-the-form) from the ‘**Change in Circumstances**’ website.

## How to use this form:

If you are the applicant or participant, complete Part A, Part C and Part D.

You can ask someone to complete this form for you but you must let us know that they have your permission **before they can do** this, by:

* calling us
* sending us a letter or email
* sending us a completed [Consent for a Third Party to Act on Behalf of a Participant form](https://www.ndis.gov.au/about-us/policies/access-information/consent-forms) from the **‘Consent forms’** website.

Then they can complete Part A, Part B, Part C and Part D for you. We can’t accept a form from someone on your behalf without your permission.

## 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
* Mail: NDIA, GPO Box 700, Canberra ACT 2601
* In person: Visit a **Local Area Coordinator**, **Early Childhood Partner** or **NDIS office** in your area.

You can also ask for a review by contacting us in any of the ways listed above. You do not need to complete this form to ask for a review of a decision.

If you would like us to think about any **new evidence**, such as medical or therapy reports, please send them with this form. You can find out more about [Providing evidence of your disability](https://www.ndis.gov.au/applying-access-ndis/how-apply/information-support-your-request/providing-evidence-your-disability) or [Providing evidence of disability for children](https://www.ndis.gov.au/applying-access-ndis/how-apply/information-support-your-request/providing-evidence-disability-children) from the ‘Information to support your request’ website.

## Next steps

Once we receive your review request, we will send you an acknowledgement letter. We aim to complete a review of a decision within 60 days from the day we receive your request. You can find out more about timeframes for our processes in the [Participant Service Guarantee](https://www.ndis.gov.au/about-us/policies/service-charter).

Your request will be allocated to an Internal Review Officer who is separate from the original decision. The Internal Review Officer will review the evidence provided for the original decision and think about any additional information provided for the internal review. If we need more information to review the decision, we will contact you to confirm what information we need and why we need it. Once a decision has been made, you will receive the outcome in writing.

## Part A: Person’s details

Please complete Part A with the details of the applicant or participant.

|  |  |
| --- | --- |
| Full name | Click or tap here to enter text. |
| Date of birth | Click or tap here to enter text. |
| NDIS number | Click or tap here to enter text. |
| Preferred contact details (phone number, email address, etc.) | Click or tap here to enter text. |

## Part B: Third party details

Please complete Part B if you are completing this form on behalf of the applicant or participant.

You can ask for a review of a decision for someone else if you can provide evidence that:

* you have **parental responsibility** for them;
* you are their **legally authorised representative or legal guardian**; or
* they let us know that you have permission to do this (see [How to use this form](#_How_to_use)).

|  |  |
| --- | --- |
| Full name | Click or tap here to enter text. |
| Date of birth | DD/MM/YYYY |
| Contact phone number | Click or tap here to enter text. |
| Relationship to **Person in Part A**for example: child representative, advocate, nominee | Click or tap here to enter text. |

## Part C: Information about your request

Please complete Part C to give us more information about your request.

|  |  |
| --- | --- |
| What decision do you want to review? | Click or tap here to enter text.  |
| What was the **date** of this decision?Remember, you need to ask for a review within **3 months** of our decision. | Click or tap to enter a date. |
| What decision were you **expecting**?If your request is to review a decision about an NDIS-funded support, please detail the type of support you are seeking, hours of support and frequency.For example: ‘I need 4 hours additional social and community access support on a Saturday for 26 weeks so I can see my friends’. OR ‘I need 20 hours of occupational therapy supports to assess my equipment needs’. OR ‘I need 9 hours of 1:1 daytime support each week for 12 months’ | Click or tap here to enter text. |
| Has your situation changed since the decision was made? | Click or tap here to enter text. |
| Do you have **new evidence**, such as medical or therapy reports you would like us to think about? If so - please send with this form. | Click or tap here to enter text. |
| **Why** do you think we should make a different decision? | Click or tap here to enter text. |

## Part D: Your declaration

I confirm that the information provided in this form is complete and correct.

I understand that:

* giving false or misleading information is a serious offence
* 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.

|  |  |
| --- | --- |
| Full name | Click or tap here to enter text. |
| Signature | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |

**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 read the policy at the [www.ndis.gov.au/privacy](http://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.