# Compensation Consent Form

**Sharing your personal information**

The National Disability Insurance Agency (**NDIA**) needs to collect some of your personal information and use it to consider any compensation you have received or may receive, and how it may impact on any supports the National Disability Insurance Scheme (**NDIS**) provides.

Collecting this information assists the NDIA to determine if you have already received compensation for a type of support the NDIS may consider funding. Your plan may be adjusted to ensure you do not receive support funding twice.

Under the *National Disability Insurance Scheme Act* *2013* (Cth) and the *Privacy Act 1988* (Cth), any personal information you provide to the NDIA is protected. You can also ask to see what personal information (if any) we hold about you, at any time, and you can ask to have the information corrected if it is wrong.

If the NDIA cannot obtain all requested information, concerning your compensation claim, your NDIS plan may not be finalised, or if you already have a plan in place, your plan may be reviewed and your funding (or part of your funding) may be impacted.

The NDIA will not use any of your personal information for any other purposes or disclose your personal information to any other organisations or individuals unless authorised by law or where you provide your consent for us to do so.

| **Participant name** |  |
| --- | --- |
| **NDIS participant number** |  |

**Signature**

When I sign this compensation consent form:

* I understand I am giving my consent for the NDIA to collect and use my personal information for the purposes set out above, and the NDIA may share this information with, or provide notices to, any third parties, including any legal representative, related to my compensation claim/s, NDIS plans and/or supports.
* I understand I can access the NDIA’s Privacy Notice and Privacy Policy on the NDIS website or contact the NDIA.
* I understand I can withdraw my consent at any time by letting the NDIA know.

| **Full participant name or appointed plan nominee or parent (if the participant is under the age of 18)** |  |
| --- | --- |
| **NDIS participant number** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Your signature** |  | **Date:** | **/ /20** |

**If you are not the participant, appointed plan nominee, or parent (if the participant is under the age of 18) please complete the next page.**

## Other representative/s to complete

1. **What is the reason for completing this consent form on the participant's behalf?**

Power of Attorney

Court, Tribunal, Guardianship, or Administration Order

1. **Is the form being completed on behalf of the participant by?**

A person ***(go to 3)***

An organisation (***go to 4****)*

1. **Details of person:**

Person’s name

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|  |

Date of birth

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|  |

Street address

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|  |

Contact number

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Email address

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1. **Organisation details:**

Organisation trading name

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| --- |
|  |

Organisation business name

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|  |

ABN

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Contact person

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Street address

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Postal address (if different to street address)

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|  |

Contact number

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Email address

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1. **Required documents**

We require a copy of one of the following documents to demonstrate your authority to act on the participant’s behalf. Please indicate below which form you have provided.

Court Order  Tribunal Order  Guardianship Order

Administration Order  Power of Attorney

1. **Signature:**

**Where there is a Court, Tribunal, Guardianship, Administration Order, or Power of Attorney in place we require the following declaration from the authorised person or on behalf of the organisation.**

**I declare** I have read the Compensation Consent Form. On behalf of the participant, I provide consent for the NDIA to collect and use the participant’s personal information for the purposes set out in the Compensation Consent Form. The NDIA may share the participant’s personal information with any third parties, including legal representative, related to the participant’s compensation claim/s, NDIS plans and/or supports.

**I do solemnly and sincerely declare** the information provided in this consent form is true and correct. I make it with the understanding and belief a person who makes a false declaration is liable to penalties of perjury.

Signature of **authorised person**

|  |  |  |
| --- | --- | --- |
|  | **Date:** | **/ /20** |