

Form

MyPlan Purchase Payment Request Form

Only complete this form to record payments made for supports in your plan if you cannot use on-line payment request tool in the myplace Participant Portal. If you need help using myplace or to make an on-line payment request, call us on 1800 800 110 or talk to your National Disability Insurance Scheme (NDIS) contact.

Participant details

Full name	
Date of birth	DD/MM/YYYY
NDIS number	

The following payments for NDIS self-managed supports have been made

Support Item (Category)	Claim Start Date	Claim End Date	Invoice/ Receipt Date	Amount Paid (GST Inclusive)
Total amount of this payment request (GST inclusive):			\$	

Third party details

Only required if someone other than participant is completing form.

Full name	
Date of birth	
Relationship to participant (must be the plan nominee or child representative)	

Form

Statement

- I confirm that the information provided on this form is true and correct, and meets the guidelines for self-managed supports
- I have not previously claimed these purchases (on-line or using this form)
- I will ensure that all receipts supporting the spent amounts on this form are kept for a period of five years
- I understand that I may be audited by the National Disability Insurance Agency (**NDIA**) to verify the amounts claimed.
- I understand that giving false or misleading information is a serious offence
- I understand that 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	
Relationship to participant (if not participant) e.g. child representative, plan nominee	
Signature	
Date	

Your privacy and personal information

The NDIA would like some personal information from you in order to facilitate funded support payments to you or your nominee. Any personal information you provide to the NDIA is protected under the *National Disability Insurance Scheme Act 2013* and the *Privacy Act 1988*.

The NDIA will use your information to facilitate the funded support payments to your approved NDIS plan where you have agreed to self-manage. Not providing the information as requested, may result in you or your nominee not receiving the requested funded support payments.

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, unless authorised by law or with your consent.

More information about how the NDIA handles personal information can be accessed on our website: <http://www.ndis.gov.au/privacy> or by contacting the NDIA.

Form

Please email or post the completed form to

Employee name	
Email	
OR post to	GPO Box 700 Canberra ACT 2601