

Nominate Recognised Representative

For use by an NDIS participant to nominate a recognised representative to liaise with the Worker Screening Unit about screening of their workers.

Who can complete this form?

NDIS participants who have registered for the NDIS Commission's NDIS Worker Screening Database to facilitate screening of their workers.

If you have more than one representative to nominate, you will need to complete a separate form for each person.

How to complete this form?

- This form can only be completed by an NDIS participant to nominate a recognised representative
- The recognised representative you are nominating must sign Part B of this form
- Please print clearly, use BLOCK letters and indicate with a tick where required
- Delays in processing your application will occur if you do not complete this form correctly

All sections marked with ▲ **MUST be completed or your application can not be processed.**

Part A: Identity and personal information of the NDIS participant

▲ Legal name:

Title	First name	Middle name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			No middle name (please tick) <input type="checkbox"/>

▲ Date of birth:

Mobile number: ▲ Daytime phone number:

TMR registered email address:

▲ Residential address:

Town/ Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

My residential address is the same as my postal address.

Postal address (if different from residential address):

Town/ Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

▲ NDIS participant ID number:

This is the number issued to you by the NDIS Commission.

Part B: Recognised representative's details

▲ Name:

First name

Middle name

Last name

No middle name (please tick)

▲ Relationship to NDIS participant:

▲ Date of birth:

Mobile number:

Daytime phone number:

Email address:

Residential address:

Town/ Suburb

State

Postcode

My residential address is the same as my postal address.

Postal address (if different from residential address):

Town/ Suburb

State

Postcode

▲ Recognised representative's signature:

Signature

Date of signature

▲ Part C: Consent to liaise with recognised representative

This section is to be completed by the NDIS participant.

I consent to the Worker Screening Unit liaising with my recognised representative listed in Part B to provide all information/notices ordinarily provided to me about NDIS worker screening of my linked workers in Queensland

Signature

Date of signature

Next steps


Please return your completed form by one of the following methods:


- By post:** Disability Worker Screening Unit
Department of Child Safety, Seniors and Disability Services
PO Box 10179, Brisbane Adelaide Street QLD 4001
- Scan and email:** workerscreening@dldsatsip.qld.gov.au
- By fax:** 07 3097 7201

Department of Child Safety, Seniors and Disability Services

 PO Box 10179, Brisbane Adelaide Street QLD 4001

 workerscreening@dldsatsip.qld.gov.au

 1800 183 690

 07 3097 7201