

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