valid for lodgement until 30 June 2025



Department of Child Safety, Seniors and Disability Services

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.

tle First name	Middle name Last name
	No middle name (please tick)
Date of birth:	
Nobile number:	▲ Daytime phone number:
MR registered email address:	
Residential address:	
Residential address:	
	State Post
Residential address:	State Post
own/ Suburb My residential address is the sa	me as my postal address.
Fown/ Suburb My residential address is the sa	me as my postal address.
Town/ Suburb	me as my postal address.

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

Part B: Recognised representation	e's details			
▲ Name:				
First name	Middle name		Last name	
	No middle name (plea	ase 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 signatur	e:			
Signature		Date of signature		
		/ /		
A Part C. Concent to linica with	rocognised represen	tativo		
Part C: Consent to liaise with		tative		
This section is to be completed by the NDIS				
I consent to the Worker Screening Uni ordinarily provided to me about NDIS				nformation/notices
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@dsdsatsip.qld.gov.au

By fax: 07 3097 7201

PO Box 10179, Brisbane Adelaide Street QLD 4001

workerscreening@dsdsatsip.qld.gov.au

(1800 183 690 () 07 3097 7201