NDIS Consent to Communicate with My Representative

Authorising a family member, advocate, or trusted person to deal with your worker on your behalf

About this template. This form is provided by Clio Care as a free resource. It is structured to align with the NDIS Practice Standards and the Privacy Act 1988, but you remain responsible for confirming it is fit for your specific situation. For complex matters (formal nominees, court-appointed guardians, contested consent), seek legal advice or contact the NDIS Quality and Safeguards Commission.

Important. This form is for everyday communication and information sharing with someone the participant trusts. It is **not** a formal NDIS Plan Nominee appointment. A Plan Nominee is appointed through the NDIA and has legal authority to make decisions about a participant's NDIS plan. If a Plan Nominee is what you need, contact the NDIA at 1800 800 110.

I, the participant named below (or my authorised representative), give my consent for the worker named below to communicate with the representative named in this form, on the specific matters I have ticked.

1. Worker / provider details

Worker name

ABN (if applicable)

Phone

Email

2. Participant details

Full name

Date of birth

NDIS participant number

Phone

3. My representative's details

Representative name

Relationship (e.g. parent, partner, advocate)

Phone

Email

4. What my representative is authorised to do

Tick only what you agree to. Untick boxes mean those things are not authorised.

- ■ Be contacted by the worker in an emergency
- ■ Receive scheduling and appointment updates
- ■ Receive copies of my progress notes / case notes
- ■ Receive copies of invoices and payment information
- ■ Discuss my supports and progress with the worker
- ■ Make appointments on my behalf
- ■ Cancel or reschedule my appointments

- ■ Communicate decisions about my supports that I have made and asked them to relay
- ■ Other (specify below)

Other (specify)

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5. What my representative is NOT authorised to do

Unless I have appointed them as a formal NDIS Plan Nominee, my representative **cannot**:

- ■ Make decisions about my NDIS plan without my agreement
- ■ Sign legal documents on my behalf
- ■ Give consent for me on matters not listed above

Any other specific restrictions

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6. How long this consent applies

- ■ Until _____ (specific end date)
- ■ Until I withdraw consent in writing

7. My right to withdraw consent

I understand that: I can withdraw this consent at any time, in writing, by contacting the worker. My supports will not be affected. The worker will stop communicating with my representative from the date of withdrawal.

8. My declaration

I confirm that: I trust the named representative; I am giving this consent freely; I understand what they can and cannot do; and I can withdraw this consent at any time.

Participant (or authorised representative)	**Worker**
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

Representative's acknowledgement. I, the named representative, understand the authority I have been given and the limits of that authority. I will only act within the scope ticked on this form.

Name: _____ Signature: _____
Date: _____

Legal references: Privacy Act 1988 (Cth) and the Australian Privacy Principles; NDIS Act 2013 (Cth); NDIS Practice Standards — Core Module: Rights and Responsibilities; NDIS Code of Conduct.
Withdrawal of consent: The participant or their representative may withdraw this consent at any time, in writing, by contacting the worker named on this form. Withdrawal does not affect any information shared before the withdrawal date.
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Clio Care is documentation software for independent NDIS support workers. Notes, shifts, invoices and participant records in one place.