Request for extra privacy – restricted access

Use this form to ask for more privacy protections for you or another person’s NDIS information. We call this restricted access. You can complete this form for someone else if you can provide evidence that:

* they are younger than 18 years old and you have parental responsibility for them
* you are their appointed authorised representative or legal guardian
* they have given you consent (in any way they communicate) to ask for extra privacy protections on their behalf.

You do not need to complete this form to ask for restricted access. You can ask for it in person or over the phone. The NDIS website ([ndis.gov.au](http://www.ndis.gov.au/)) provides more information about restricted access. Search for ‘Our Guidelines’ and click on the link to ‘Your Privacy and Information’ to read more.

# How to use this form

If you are only asking for restricted access for yourself, complete [Part A](#_Part_A:_You) and [Part C](#_Part_C:_Your).

If you are only asking for restricted access for someone else, complete [Part B](#_Part_B:_Other) and [Part C](#_Part_C:_Your_1).

If you are asking for restricted access both for yourself and others, complete [Part A](#_Part_A:_You), [Part B](#_Part_B:_Other) and [Part C](#_Part_C:_Your_1).

# How do I return this form to the NDIA?

There are a few ways you can return this form to us:

* Email: [enquiries@ndis.gov.au](mailto:enquiries@ndis.gov.au)
* Mail: **NDIA, GPO Box 700, Canberra ACT 2601**
* In person: Visit a **local area coordinator**, **early childhood partner** or **NDIS office** in your area.

# Next steps

Once we receive this form, we will consider the request and advise you in writing of the outcome.

# Part A: You need extra privacy

Please complete Part A with your details if you are the person needing restricted access.

|  |  |
| --- | --- |
| Full name |  |
| Date of birth (DD/MM/YYYY) |  |
| Address |  |
| Contact number |  |
| Email address |  |
| Preferred correspondence method |  |
| Why do you need extra privacy protections? | You are a prominent public figure  You are an immediate family member of a prominent public figure  You are an employee of the NDIA or one of our partners  You are an immediate family member of an employee of the NDIA or one of our partners  You are under police protection  You are under an active legal order  Other – go to next question |
| If you marked ‘other’ in the question above, please explain why you need extra privacy protections. |  |
| Do you need to ask for extra privacy protection for other people too? | Yes – go to [Part B](#_Part_B:_Other)  No – go to [Part C](#_Part_C:_Your) |

# Part B: Other people who need extra privacy

Please complete **Part B** if you are completing this form on behalf of the person or persons that needs restricted access. If you also need restricted access for yourself, please make sure you have completed Part A.

You can ask for extra privacy for other people if you can provide evidence that:

* they are younger than 18 years old and you have **parental responsibility** for them
* you are their **appointed authorised representative or legal guardian**
* they have given you **consent** to ask for extra privacy protection on their behalf.

## Third party details

Please complete this part with your details if you are completing this form for other people.

|  |  |
| --- | --- |
| Full name |  |
| Date of birth (DD/MM/YYYY) |  |
| Address |  |
| Contact number |  |
| Email address |  |

## People needing restricted access

Here, you can provide information about the other people who need restricted access and your authority to act on their behalf. You can provide information for up to three other people using this form.

## Person 1

|  |  |
| --- | --- |
| Full name |  |
| Date of birth (DD/MM/YYYY) |  |
| Address |  |
| Contact number |  |
| Email address |  |
| Why does this person need extra privacy protections? | They are a prominent public figure  They are an immediate family member of a prominent public figure  They are an employee of the NDIA or one of our partners  They are an immediate family member of an employee of the NDIA or one of our partners  They are under police protection  They are under an active legal order  Other – go to next question |
| If you marked ‘other’ in the question above, please explain why this person needs extra privacy protections. |  |
| What is your relationship to this person? E.g., child representative, plan nominee. |  |
| Do you have consent to share information and act on their behalf? | Yes  No |

## Person 2

|  |  |
| --- | --- |
| Full name |  |
| Date of birth (DD/MM/YYYY) |  |
| Address |  |
| Contact number |  |
| Email address |  |
| Why does this person need extra privacy protections? | They are a prominent public figure  They are an immediate family member of a prominent public figure  They are an employee of the NDIA or one of our partners  They are an immediate family member of an employee of the NDIA or one of our partners  They are under police protection  They are under an active legal order  Other – go to next question |
| If you marked ‘other’ in the question above, please explain why this person needs extra privacy protections. |  |
| What is your relationship to this person? e.g., child representative, plan nominee. |  |
| Do you have consent to share information and act on their behalf? | Yes  No |

## Person 3

|  |  |
| --- | --- |
| Full name |  |
| Date of birth (DD/MM/YYYY) |  |
| Address |  |
| Contact number |  |
| Email address |  |
| Why does this person need extra privacy protections? | They are a prominent public figure  They are an immediate family member of a prominent public figure  They are an employee of the NDIA or one of our partners  They are an immediate family member of an employee of the NDIA or one of our partners  They are under police protection  They are under an active legal order  Other – go to next question |
| If you marked ‘other’ in the question above, please tell us why this person needs extra privacy protections. |  |
| What is your relationship to this person? e.g., child representative, plan nominee. |  |
| Do you have consent to share information and act on their behalf? | Yes  No |

# Part C: Your Signature and Declaration

The person who completed **Part A** and **Part B** (if required) must also complete **Part C** to declare that they understand and confirm each point below. This must be completed before we can consider your request for restricted access.

## By signing this document:

* I confirm that I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.
* 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.
* I consent to the NDIA applying extra privacy protections to information about the persons named in Part A and Part C.
* I understand I can withdraw this consent at any time by letting the NDIA know.
* I understand I can access the NDIA’s online Privacy Policy on the NDIS website or by contacting the NDIA.
* I understand that if further evidence or information is requested by the NDIA and I do not comply with this request within the specified timeframe, this request for extra privacy provisions will be withdrawn.

I certify that the information I have provided is true and correct.

|  |  |
| --- | --- |
| Full name |  |
| Signature |  |
| Date (DD/MM/YYYY) |  |