# Leaving the NDIS

Complete this form to let us know you no longer want, or need, to be an NDIS participant.

## How to use this form:

Use this form to let us know you want to leave the NDIS if you are a **participant** and over 18 years of age, or you’re the **authorised representative** of a participant.

If someone else is filling this form in for you, they need to complete **Part B** and **provide evidence of their authority** or **evidence of your consent** (unless this has already been provided)for them to do this for you. We need this information to help protect your privacy.

**How to return this form:**

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

* NDIS Portal: upload completed form
* Email: 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

Your NDIS plan ends **on the date** **you let us know in writing** that you want to leave the NDIS (we call this your leaving date). This means you can’t pay for things using NDIS funding anymore. Any NDIS funding used after your leaving date must be repaid.

**Participant portal access** will continue for **90 days**. This gives you time to finalise your NDIS matters, including processing any outstanding payments.

Just let us know if you want some help to do this.

## Part A: Participant information

In **Part A**, you need to provide some information about yourself.

|  |  |
| --- | --- |
| 1. Full name
 |  |
| 1. Date of birth
 |   |
| 1. NDIS number (if known)
 |  |
| 1. Contact phone number
 |  |
| 1. Address
 |  |

## Part B: Authorised representative information

If someone else is filling this form in for you, because you are under 18 years and they have **parental responsibility** for you, or they are your **legal representative or guardian**,they will need to:

* complete **Part B,** and
* provide **evidence of their authority** (unless this has already been provided).

If **you asked someone else** to fill in the form for you, they will need to:

* complete **Part B,** and
* provide **evidence of your consent**. You can do this by completing a [consent form](https://www.ndis.gov.au/about-us/policies/access-information/consent-forms) and sending this to us or contacting us and giving verbal consent.

We need this information to help protect your privacy. We use it to **verify identity** and make sure you have given permission (we call this **consent**)for them to do this for you.

|  |  |
| --- | --- |
| 1. Relationship to **the participant**

For example: child representative, advocate, plan nominee, family member, friend. |  |
| 1. Full name
 |  |
| 1. Date of birth
 |  |
| 1. Contact phone number
 |  |
| 1. Address
 |  |

## Part C: Finalising the NDIS plan

In Part C, you can let us know how you would like us to support you to finalise the NDIS plan. If you have a **support coordinator** or **plan manager**, you can also ask them for support.

|  |  |
| --- | --- |
| 1. How can we supportyou to finalise the NDIS plan?

**Note:** Please select all that apply. | [ ]  Provide information[ ]  Link with community supports[ ]  Finalise participant services[ ]  Finalise payments (for services received before leaving date)[ ]  Follow up assistive technology[ ]  Follow up modifications (home or vehicle)[ ]  Finalise NDIS portal access[ ]  I don’t want NDIA support |
| 1. Does the plan include **self-managed** funding?

**Note:** We can help to make sure all invoices are paid before you leave the NDIS. | [ ]  Yes[ ]  No[ ]  Don’t know – please check for me |
| 1. Does the plan have **periodic transport payments**?

**Note:** We can help to make sure you receive the final balance before you leave the NDIS. | [ ]  Yes[ ]  No[ ]  Don’t know – please check for me |

## **Part D: Signature and Declaration**

You can only complete **Part D** if you:

* are the **participant**
* have **parental responsibility** for the participant (under 18 years of age)
* are an **authorised representative** who has legal authority or consent to act for the participant, and **you have given us evidence of this**.

**By signing and sending this form to the NDIS:**

* I certify that the information I have provided is true and correct.
* 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 purposes of confirming my identity.
* I no longer want to be a participant of the NDIS.
* I understand that if I am no longer a participant in the NDIS, I will not be able to access NDIS funded supports.
* I understand that if I want to become a participant again in the future, I must make a new application.
* I understand that I may not meet the access requirements if I apply to the NDIS again in the future.
* I understand this form or have had this form explained to me.
* 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.

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