

READ THIS GUIDE FROM START TO FINISH BEFORE STARTING THE APPLICATION FORM

Your NDIS Volunteer worker screening check application form is enclosed. Do not photocopy or give your form to anyone else.

### Instructions for submitting your application form

#### Step 1

##### Complete Sections A - D of the application form

Complete the form without signing Section E. You need to sign section E in front of a certifying Officer, such as a Justice of the Peace.

If you are under the age of 18 you must get your parent or legal guardian to complete and sign section F and provide identification information.

#### Step 2

##### Prepare your proof of identity documents

You must provide four proof of identity (POI) documents:

- one commencement of identity document
- one primary use in the community document
- two secondary use in the community documents.

The list of acceptable documents is listed on page 2 of this guide.

Your documents must also meet the following conditions:

- When combined, the documents must verify your full name, date of birth and photo.
- All documents must be current
- You cannot use two of the same type of identity documents to make up the four documents (for example, two different credit cards).
- With the exception of Foreign Passports, all proof of identity documentation must be Australian issued.
- If you don't have an identity document containing a photograph in documents listed, you must submit a passport style photograph that has been certified, stating that the photograph is a photograph of the Applicant.

##### If you have changed your name

The name on your application form must match the name on your identity documents. If the names don't match, you must provide a linking document between the different names. You may provide:

- a marriage certificate (issued by a State Registry of Births, Deaths and Marriages)
- a name change certificate (issued by a State Registry of Births, Deaths and Marriages)
- divorce papers linking both names
- a deed poll

#### Step 3

##### Visit a Certifying officer

Take your original identity documents and their photocopies to a certifying officer (for example, a Justice of the Peace) and ask them to:

1. Sight the original copies of your identity documents and certify the photocopies writing, "Certified to be a true copy of the original seen by me."
2. Witness you signing Section E of the application form.
4. Complete and sign the Section G, 'Certifying officer's declaration' of the form.
5. Ensure their name and registration number (where appropriate) is written legibly below their signature.

## Step 4

### Post your application and documents

Post your:

- Completed application form
- Certified copies of your identity documents
- Your completed fee waiver application

Mail the above documents to :

NDIS Worker Screening  
Department of Justice and Community Safety  
GPO Box 1915  
MELBOURNE VIC 3001

This application form is for volunteer applications use only. Any applications for employees submitted on this form cannot be accepted and will be returned.

### Additional information

You can only apply for an NDIS Check if you are working in a risk assessed NDIS role. Your employer or a self-managed NDIS participant will need to verify your engagement with them.

Under the *Worker Screening Act 2020* it is a criminal offence to provide false or misleading information when applying for a Check.

Once we receive and verify your application, we will send you the payment receipt and your application number by email.

## Proof of Identity documents

### Commencement of identity documents

- Full Australian birth certificate (not an extract or birth card)
- Australian passport (not expired)
- Australian visa current at the time of entry to Australia
- Immi card issued by Department of Home Affairs
- Certificate of identity issued by DFAT
- Document of identity issued by DFAT
- Certificate of evidence of residence status
- Australian citizenship certificate

### Primary use in community identity documents

- Full Australian birth certificate (not an extract or birth card)
- Australian passport (not expired)
- Australian visa current at the time of entry to Australia
- Immi card issued by Department of Home Affairs
- Certificate of identity issued by the Department of Foreign Affairs and trade (DFAT) to refugees and non Australian citizens
- Document of identity issued by DFAT to Australian citizens or persons who have the nationality of a Commonwealth country
- Certificate of evidence of residence status
- Australian citizenship certificate
- Australian drivers' licence or learner permit
- Australian marriage certificate issued by a state or territory (church or celebrant-issued certificates are not accepted)
- Foreign passport with a valid entry stamp or visa
- Proof of age or photo identity card issued by an Australian Government agency with a signature and photo
- Shooters or firearms licence showing signature and photo (not minor or junior permit licence)
- For persons under 18 years of age with no other Primary use in Community Documents, a current student identification card with a signature or photo.

### Secondary use in community identity documents

- Certificate of identity issued by DFAT
- Document of identity issued by DFAT
- Convention travel document (United Nations) issued by DFAT
- Foreign government issued documents (ex. drivers' licence)
- Medicare card
- Enrolment with Australian Electoral Commission
- Security guard or crowd control photo licence
- Evidence of right to an Australian government benefit (Centrelink or Veteran's Affairs)
- Consular photo identity card issued by DFAT
- Photo identity card issued to an officer by a police force
- Photo identity card issued by the Australian Defence Force
- Photo identity card issued by the Australian Government or state or territory government (Working with Children or Vulnerable People card or government issued occupational licence)
- Aviation Security Identification card
- Maritime Security Identification card
- Credit reference check
- Australian secondary or tertiary student identification document
- Certified academic transcript from an Australian university
- Trusted referees report (a letter or declaration from a trusted source, including a General Practitioner, pharmacist, or the principle of the applicant's school, on a company letterhead, and validating the applicant's relationship to this source)
- Bank card, credit card or bank statement (without recording the payment card number/s)\*
- State/territory government rates assessment notice or Australian Taxation Office assessment notice
- Australian utility bill showing name and address
- Australian Private Health Insurance Card
- Australian Trade Association card
- Keypass card issued by Australia Post

\*American Express and Diners Club cards cannot be accepted.

## Justice Departments in Australia

VIC  
[www.justice.vic.gov.au](http://www.justice.vic.gov.au)  
Tel: 03 8684 0000

ACT  
[www.ag.gov.au](http://www.ag.gov.au)  
Tel: 132 281

QLD  
[www.justice.qld.gov.au](http://www.justice.qld.gov.au)  
Tel: 13 74 68

SA  
[www.agd.sa.gov.au](http://www.agd.sa.gov.au)  
Tel: 131 882

TAS  
[www.justice.tas.gov.au](http://www.justice.tas.gov.au)  
Tel: 1300 135 513

NSW  
[www.justice.nsw.gov.au](http://www.justice.nsw.gov.au)  
Tel: 02 8688 7777

NT  
[justice.nt.gov.au](http://justice.nt.gov.au)  
Tel: 08 8935 7777

WA  
[www.justice.wa.gov.au](http://www.justice.wa.gov.au)  
Tel: 08 9264 1600

# Volunteer Application for NDIS worker screening

Please print within the boxes in **BLOCK LETTERS**. Use crosses in boxes marked X.

**Section A: Previous WWWC Check**      This section **MUST** be completed

Have you ever applied for a Victorian Working with Children Check?  
  Yes     No

If Yes, enter your application or card number (8 or 10 characters)  
 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

**Section B: Your details**      This section **MUST** be completed

**1. Family name (surname).** If your full name is only one word, write it in this field.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

First name/s

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Middle name/s

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

If your proof of identity documents show a different name, you must attach proof of your name change with this application.

---

**2. List ALL other names you are currently or have ever been known by.** Include these on a separate sheet of paper if required.

Family name (surname). If your full name is/was only one word, write it in this field.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

First name/s

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Middle name/s

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Name type     Maiden name     Also known as     Previously used name

Family name (surname). If your full name is/was only one word, write it in this field.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

First name/s

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Middle name/s

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Name type     Maiden name     Also known as     Previously used name



**Section D: Details of organisation/s or self-managed participant**

This section **MUST** be completed

Provide the details of the organisation or self-managed NDIS participant who you are or will be working for. Your employer will be asked to confirm your employment before we assess your application.

Please ensure that the Employer or self-managed participant ID is correct. If you are unsure, you must contact your organisation or self-managed participant to confirm the details. If you need to add additional employers, attach additional pages.

**13.** You must know which specific organisation(s) or self-managed NDIS participant you are or will be working for

Organisation or Self-managed participant ID

Name of organisation or self-managed NDIS participant

Postal address

Suburb/locality/  State/territory  Postcode

Organisation or Self-managed participant ID

Name of organisation or self-managed NDIS participant

Postal address

Suburb/locality/  State/territory  Postcode

**Section E Applicant consent and declaration**

**IMPORTANT NOTICE: INFORMED CONSENT**

To determine your eligibility for a National Disability Insurance Scheme Clearance or a Working with Children Clearance under the *Worker Screening Act 2020 (Vic)*, we need to get your informed consent to the matters specified in this form.

Your informed consent means you have read and understood the information provided in this form about how your personal information and any information obtained from Australian police agencies relevant to you will be handled and disclosed and that you understand what you are consenting to including:

- a. that you provide your permission for us to collect, share, copy and process the information in your Application and attachments (including your personal information) in certain ways set out in this form;
- b. provide your permission for us to request a nationally coordinated criminal history check on your behalf (police record check); and
- c. provide your permission for the disclosure of information.

It is important that you read this form in its entirety and, where required, get clarification to ensure your complete understanding. You must then sign and submit this form to give your informed consent. If you are under the age of 18, your parent/legal guardian must provide informed consent and make the declaration for and on your behalf by completing and signing section F on page 8.

## Section E: Applicant consent and declaration

1. I consent to the Worker Screening Unit of the Department of Justice and Community Safety (the department) of GPO Box 1915, Melbourne Victoria 3001, its agents, contractors and their subcontractors receiving, sharing, copying and processing the information in this Application and its attachments for the purposes of the *Worker Screening Act 2020* (Vic) (the Act), the *Worker Screening Regulations 2020* (Vic) (the Regulations) and any other relevant law. I acknowledge that the information I have provided includes personal and sensitive information and I have provided documents to verify my identity.
2. For the purposes of this Consent and Declaration:
  - a. 'NDIS' means National Disability Insurance Scheme;
  - b. 'WWC' means Working with Children;
  - c. 'Application' means an Application under the Act for an NDIS check to be carried out and an NDIS Clearance to be given on completion of the NDIS check or an Application under the Act for a WWC check to be carried out and a WWC Clearance to be given on completion of the WWC check as applicable;
  - d. 'Clearance' means an NDIS Clearance or a WWC Clearance given under the Act as applicable; and
  - e. 'Exclusion' means an NDIS exclusion or a WWC Exclusion given under the Act as applicable where the department refuses to give me a Clearance.
  - f. 'Spent Convictions Legislation' means Part VIIC of the *Crimes Act 1914* (Cth); Part 8 of the *Sentencing Act 1991* (VIC), *Criminal Records Act 1991* (NSW); *Criminal Law (Rehabilitation of Offenders) Act 1986* (QLD); *Spent Convictions Act 2009* (SA); *Spent Convictions Act 1988* (WA); *Criminal Records (Spent Convictions) Act 1992* (NT); *Spent Convictions Act 2000* (ACT); and *Annulled Convictions Act 2003* (TAS).
3. For the purposes of my Application and enquiries while I hold a Clearance, I authorise the conduct of a nationally coordinated criminal history check delivered by the Australian Crime Commission (ACC) and Australian police agencies ('police record check') and I provide the following consent and authorisation:
  - a. I consent to the department making enquiries and seeking information about me from any source considered necessary, including any Australian Police agency, ACC, any employee within the meaning of the *Public Administration Act 2004* (Vic), authorised entity, court, prosecuting authority, authorised screening agency in any Australian state or territory, professional registration board, commission, commissioner, disciplinary or regulatory entity, relevant prescribed body, health treating professional, government department or agency including without limitation, the Director of Public Prosecutions (DPP), the Department of Health (DoH), the Department of Families, Fairness and Housing (DFFH), the Commission for Children and Young People (CCYP), Corrections Victoria, the Disability Worker Registration Board, the Victorian Disability Worker Commission, the Victorian Disability Worker Commissioner and the Victorian Institute of Teaching; and
  - b. I authorise and consent to the disclosure of information about me and my Application (including any information obtained from other sources as a result of making enquiries and seeking information about me) and the outcome of my Application by the department to any person or organisation considered necessary, including any Australian police agency, any authorised screening unit or agency including without limitation, any unit or agency in another Australian state or territory that provides for screening of persons engaged in child-related work, ACC, any court, prosecuting authority, professional registration board, disciplinary or regulatory entity, relevant entity or prescribed body, health treating professional and any government department or agency including without limitation, DPP, DoH, DFFH, CCYP, Corrections Victoria, the Disability Worker Registration Board, the Victorian Disability Worker Commission, the Victorian Disability Worker Commissioner and the Victorian Institute of Teaching.
4. I acknowledge that the information which may be disclosed to the department includes, but is not limited to:
  - a. details about or circumstances relating to, convictions, findings of guilt and charges (including any police record check) regardless of the outcome of the charges or when and where the offence or alleged offence occurred;
  - b. details about or circumstances relating to involvement of DoH and/or DFFH with respect to child protection or family violence; and
  - c. information in relation to an application made by me in another Australian state or a territory under a law of that state or a territory that provides for screening of persons engaging in child-related work or screening of persons who are employed or engaged in risk assessed roles providing support or services to persons with a disability and any decision made or clearance or registration granted to me with respect to that application.

## Section E: Applicant consent and declaration

5. I acknowledge that I understand that my personal information may be provided to police agencies for general law enforcement purposes, including those purposes set out in the *Australian Crime Commission Act 2002* (Cth).
6. For the purposes of an application or reassessment of an application made by me in another state or territory for any clearance required at law to engage in child-related work or to provide support or services in a risk assessed role to persons with a disability in that state or territory, I consent to the disclosure of information about me and my Application to any government department or screening agency in that other Australian state or territory.
7. With respect to the police record check, I acknowledge that:
  - a. the department is collecting my personal information to provide to ACC and police agencies to check if I have a criminal history and to assess whether I should be permitted to work or care for children or provide support or services to persons with a disability under the NDIS;
  - b. I am aware that I am providing consent for a police record check on a national basis to be conducted using all personal information provided by me including information provided in identity documents I have supplied;
  - c. the department provides information to ACC with respect to any decision made in relation to my Application or any reassessment of my eligibility to hold a Clearance;
  - d. ACC discloses my personal information to Australian police agencies;
  - e. the information released as part of the police record check is done so in accordance with Spent Convictions Legislation and information release policies subject to any exclusions that apply;
  - f. Australian police agencies may disclose to ACC information from their records and details of convictions and charges including findings of guilt or the acceptance of a plea of guilty by a court. The information is disclosed in accordance with applicable laws of the Commonwealth, states and territories and policies of the police agency concerned;
  - g. ACC provides the information disclosed by Australian police agencies to the department in accordance with the laws of the Commonwealth;
  - h. any information provided in my Application is provided to ACC for the purpose of obtaining the Clearance or reassessing my eligibility to hold a Clearance;
  - i. any information provided to the department by Australian police agencies or ACC is provided for the purpose of assessing my eligibility to be given or continue to hold a Clearance;
  - j. the Chief Commissioner of Police must take all reasonable steps to ensure that an interstate or territory NDIS or WWC screening unit is notified of how a charge against me has been finally dealt with if that interstate or territory screening unit has requested the notification;
  - k. the information I provide as part of my Application and the information which ACC provides to the department, will be used only for the purposes stated above unless statutory obligations require otherwise or subject to any disclosure permitted at law or to which I have consented; and
  - l. if I do not agree with the results of my police record check, I will contact the Worker Screening Unit of the department in the first instance to advise them that I want to dispute the result by email sent to [NDISworkerscreening@justice.vic.gov.au](mailto:NDISworkerscreening@justice.vic.gov.au) The Worker Screening Unit of the department will accept and escalate all disputes.
8. If the CCYP notify the department at any time of a finding of reportable conduct against me pursuant to 16ZD of the *Child Wellbeing and Safety Act 2005*, I consent to the department notifying CCYP of the outcome of any Application or re-assessment of my eligibility to engage in child-related work. If I am given an Exclusion and make an application to the Victorian Civil and Administrative Tribunal for review of the decision to give me an Exclusion, I consent to the department notifying CCYP that I have made such an application.
9. I understand and acknowledge that:
  - a. the Act and Regulations require the department to collect my personal information and the department to make certain enquiries and arrange for the conduct of a police record check except in limited circumstances;
  - b. the consequence of non-compliance or withdrawal of my consent is that my Application will not be processed;
  - c. it is an offence to provide false or misleading information in a material particular in relation to an Application for a Clearance or in connection with a re-assessment of eligibility to hold a Clearance, subject to a maximum fine equivalent to 240 penalty units or a 2 year maximum term of imprisonment or both;
  - d. it is an offence to apply for a Clearance if I am subject to an order under the *Sex Offenders Registration Act 2004* or

## Section E: Applicant consent and declaration

*Serious Offenders Act 2018* liable to a maximum fine equivalent to 240 penalty units or a 2 year maximum term of imprisonment;

- e. while my Application is being assessed:
    - A. there are only very limited circumstances under the Act that I may engage in or apply for child related work or work in a risk assessed role providing support or services to persons with a disability;
    - B. I am prohibited from engaging in paid or volunteer child-related work or working in a risk assessed role providing support or services to persons with a disability if I have been charged with or found guilty of certain charges, offences or orders specified in the Act or if I am excluded from doing child-related work or providing support or services to persons with a disability in another Australian state or territory. If I am so prohibited, I consent to the department notifying the organisations whose details I have provided to the department that I am prohibited from engaging in paid or volunteer child-related work or working in a risk assessed role providing support or services to persons with a disability as applicable and the Worker Screening website will indicate that I am so prohibited; and
    - C. if I engage in or apply for child-related work or work in a risk assessed role providing support or services to persons with a disability in breach of the Act, it is an offence subject to a maximum fine equivalent to 240 penalty units and 2 years imprisonment or both;
  - f. in accordance with the Act and the Regulations, the department may disclose personal information about me, my Application and any decision made with respect to my Application to the organisations whose details I provide to the department, or where otherwise permitted by any act or regulations;
  - g. I must notify the department within 21 days of any change to my details by updating my details in the online portal of the Worker Screening website or directly through my Service Victoria account. This includes my personal and contact details and the details of all organisations where I do child-related work or providing support or services to persons with a disability under the NDIS in a paid or unpaid capacity;
  - h. the Act requires me to notify the department and any organisations where I work or care for children or provide support or services to persons with a disability under the NDIS within 7 days of any relevant change in my circumstances, including the following:
    - A. if I am charged with, convicted of or found guilty of certain offences;
    - B. if I become subject to reporting obligations imposed by Part 3 of the *Sex Offenders Registration Act 2004*, a supervision order, detention order or an emergency detention order under the *Serious Offenders Act 2018*;
    - C. if a relevant disciplinary or regulatory finding is made against me;
    - D. where I am applying for or have a current NDIS Clearance, if I have been or am given a WWC Exclusion; or
    - E. where I am applying for or have a current WWC Clearance or hold a current WWC Clearance, if I have been given an NDIS Exclusion or I am excluded from child-related work under a law in another state or territory;
  - i. I agree to notify the department within seven days in the following circumstances:
    - A. if I am or have been excluded from providing support or services to persons with a disability in another Australian state or territory;
    - B. if I am or become subject to a banning order under section 73ZN of the *National Disability Insurance Act 2013* (Cth); or
    - C. where I am applying for or have a current NDIS Clearance, if I have been excluded from child-related work under a law in another Australian state or territory and
  - j. where I am applying for or have a current NDIS Clearance:
    - A. the NDIS Quality and Safeguards Commission (NDIS Commission) will use the NDIS Worker Screening Database (NDIS Database) to undertake its statutory functions under the *National Disability Insurance Scheme Act 2013* (Cth);
    - B. NDIS worker screening units are authorised under legislation to provide my personal information to the NDIS Commission for the purposes of the NDIS Commission undertaking its statutory functions in relation to the NDIS Database; and
    - C. my information will continue to be included in my record on the NDIS Database even if I no longer work in the NDIS sector and NDIS employers will be able to access information about me on the NDIS Database (unless they are no longer linked to me).
10. I consent to the department correcting the contact information of the organisations for which I do child-related work or provide support or services to person with a disability under the NDIS, if it is satisfied that the information held is incorrect.



11. I consent to the department sending all communications to me and serving all notices upon me under the Act and the Regulations by email to the email address provided by me to the department at the time of making my Application or subsequently notified by me to the department by updating my details through the online portal of the Worker Screening Unit of the department (the online portal) or directly through my Service Victoria account. This includes the communications and notices:
- requesting information (including any document, written submission or consent) for the purposes of assessing or completing my Application or if I am issued with a Clearance, re-assessing my eligibility to hold a Clearance;
  - notifying me about the finalisation, progress and outcome of my Application;
  - contacting me about updating my details;
  - if I am issued with a Clearance, reminding me about the expiry of my Clearance, notifying me of any re-assessment of my eligibility to hold a Clearance, the progress and outcome of such re-assessment or the revocation, suspension or cancellation of my Clearance and sending me periodic emails and eNewsletters; and
  - sending me requests for feedback.
12. Except for providing information about changes to my profile information and email address which I agree to provide to the department through the online portal of the Worker Screening website or directly through my Service Victoria account, I agree to send all written communications (including notifications, correspondence and documents) to the department by email sent to the Worker Screening Unit of the department at [NDISworkerscreening@justice.vic.gov.au](mailto:NDISworkerscreening@justice.vic.gov.au) and I acknowledge that sending all written communications by email to that email address is a requirement of the department in order to assess my Application or, if I am granted a Clearance, to re-assess my eligibility to hold a Clearance.

### I declare that:

- I am the applicant named in my Application, and that all information and documents provided as part of my Application are true, complete and correct.
- I have not omitted any names or aliases that I am currently known by or have ever been known by in the past.
- If I have provided a photograph for the purposes of this Application, that photograph is less than 12 months old.
- I acknowledge that withholding information or providing false or misleading information in any of the details and documents provided as part of my Application is a serious offence and may lead to prosecution. If I become aware that I have provided incomplete, incorrect or misleading information, I will contact the Worker Screening Unit of the department as soon as possible.
- I have read and fully understand the information provided in this form about how and for what purposes my personal information and any criminal history information relevant to me will be handled and disclosed and I understand what I am consenting to.
- I acknowledge that any information sent electronically (including online or by email) is sent at my risk and I am aware of the consequences of sending information in this way.
- I understand that I may withdraw any consent given as part of this consent and declaration by written notice emailed to the Worker Screening Unit of the department sent to the email address specified in paragraph 12 above. However, if I withdraw my consent to a national police record check or any other consent included in this consent and declaration, the department will withdraw my Application and if I have already been issued with a Clearance, I will surrender it. I understand that if I surrender my Clearance, the department may still assess my eligibility to have a Clearance.

By signing below, I agree that I have read and understood all of the information above and am signing my Application for an NDIS check to be carried out on me and a Clearance to be given to me on completion of that check or my Application under the Act for a WWC check to be carried out on me and a Clearance to be given to be on completion of that check as applicable.

### Your signature must be witnessed by a certifying officer.

Applicant please  
sign within the  
box.

Date

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

## Section F: Parent/legal guardian consent and declaration (only required for applicants aged under 18 years)

Full name of parent/legal guardian

Address

Verify your identity by providing the details of either a commencement document or primary use in the community document (for example, a passport or driver's licence). Please refer to page two of the Application guide for a list of acceptable identity documents.

Document name/type

Document number

By signing this form, I :

1. declare that I am the parent/legal guardian of the Applicant and I am legally able to give unconditional informed consent and authority for and on behalf of the Applicant;
2. consent to the Applicant making this application; and
3. give my unconditional informed consent and authority and make the declaration above for and on behalf of the Applicant.

Parent/legal guardian  
sign within the box

Date

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

## Section G: Certifying officer's declaration and signature

I confirm and declare that I have:

- verified that all sections of the application form are complete
- sighted the original proof of identity documentation and they are current and match the application.

Certifying officer's name

Certifying officer's  
signature

Date certified

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Office use only

Office use only

# Application for Fee Waiver

This is an application for a waiver of the NDIS Worker Screening Check fee.

This form is ONLY for people who are engaged in a NDIS risk assessed role on a volunteer basis.

**Please make sure all your details are all correct.**

## 1. Your Details

Full Name

Date of birth

Email

Phone Number

Postal Address

## 2. Your Role:

To be eligible for fee waiver you must be or intend to be working in a [risk assessed role](#) for an NDIS registered provider. Please contact the NDIS Quality and Safeguards Commission for information on risk assessed roles and registered provider compliance requirements on 1800 035 544.

A risk assessed role is one that:

- is a key personnel role of a person or an entity as defined in s 11A of the *National Disability Insurance Scheme Act 2013* (for example, a CEO or a Board Member)
- involves the direct delivery of specified supports or services to a person with disability
- is likely to require 'more than incidental contact' with people with disability, which includes:
  - physically touching a person with disability; or
  - building a rapport with a person with disability as an integral and ordinary part of the performance of normal duties; or
  - having contact with multiple people with disability as part of the direct delivery of a specialist disability support or service, or in a specialist disability accommodation setting.

Are you or will you be working in a risk assessed role?

Yes

No

If yes, continue to **section 3 Your Organisation(s)**

If no, you are not eligible for volunteer fee waiver.

**3. Your Organisation(s):**

What is the name of the NDIS registered organisation(s) you are or will volunteer with?  
(an additional page can be added if you have more than one)

Organisation Name

Organisation/ Service Provider ID number: (used for the NDIS Quality and Safeguards Commission worker screening portal)

Organisation Address

Organisation Contact person

Contact details (email and phone number)

Commencement Date (The date you were or are to be engaged in volunteer work)

Briefly describe the type of activity/volunteer work you will be involved in (e.g. general assistance with shopping, going on social outings):

*Please note that tertiary students engaged in work experience/work placement are not eligible for a volunteer fee waiver.*

**4. Information about your volunteering**

On average, how often will you be volunteering? (Please select the option that best fits your situation)

A few times per year      No more than a few hours every month      At least a few hours every week

Are you paid for other work by the registered NDIS provider?

Yes                      No

If yes, please provide a brief description of the type of work you are paid for by the registered NDIS provider

**In signing this application below, I acknowledge and confirm all the following (please also tick):**

- I am engaged as a volunteer worker by the NDIS provide listed above
- I understand and acknowledge that it is an offence under the *Worker Screening Act 2020* to provide false or misleading information.

Full Name of Applicant

Signature of Applicant

Date