



Consent to Share enables a client to give signed consent for NDSP employees to discuss personal and plan information over the phone or via email with additional parties such as Secondary Contacts (your parent, a co-parent / guardians, grandparents, close friends etc), Support Coordinators or others.

Only you (NDSP client), your Guardian or Authorised Representative may give consent to share. The information we share can include your current budget amounts, information about recent invoices and providers you have engaged, client details and representative contact details. You can tell us what you want to share.

Giving additional parties consent to access your personal information is purely optional and will not affect our services. You have the ability to add or remove people to your Consent to Share list in the future.

Full Name:	
NDIS Number:	

I, _____

(the client or the name of the guardian or authorised representative to act on behalf of the client), hereby consent to NDSP sharing information about my/the NDIS plan with the following parties:

Secondary Contact (eg: your parent, a co-parent / guardians, grandparents, close friends etc)

First Name:	
Last Name:	
Phone Number:	
Email Address:	
Relationship to Participant:	

Please tick relevant information to share:

- | | |
|--|--|
| <input type="checkbox"/> Client Name & NDIS Number | <input type="checkbox"/> Client/Representative contact details |
| <input type="checkbox"/> Plan balances, spending & dates | <input type="checkbox"/> Confirmation of services provided |
| <input type="checkbox"/> Access to NAPPA | |

Support Coordinator (if applicable)

First Name:	
Last Name:	
Phone Number:	
Email Address:	
Company (if applicable):	
ABN:	

Please tick relevant information to share:

- | | |
|--|--|
| <input type="checkbox"/> Client Name & NDIS Number | <input type="checkbox"/> Client/Representative contact details |
| <input type="checkbox"/> Plan balances, spending & dates | <input type="checkbox"/> Confirmation of services provided |
| <input type="checkbox"/> Access to NAPPA | |

Additional Contact (eg: your parent, a co-parent / guardians, grandparents, close friends etc)

First Name:	
Last Name:	
Phone Number:	
Email Address:	
Relationship to Participant:	

Please tick relevant information to share:

- | | |
|--|--|
| <input type="checkbox"/> Client Name & NDIS Number | <input type="checkbox"/> Client/Representative contact details |
| <input type="checkbox"/> Plan balances, spending & dates | <input type="checkbox"/> Confirmation of services provided |
| <input type="checkbox"/> Access to NAPPA | |

AUTHORITY AND DECLARATION

I declare that I have the authority to approve this consent to share form in the following capacity as:

- The Client A parent of the Client who is under 18 y/o
 A Guardian/Authorised Representative of the Client

Client, Guardian/Authorised
Representative Full Name

Client, Guardian/Authorised
Representative Signature

Date

You may revoke these permissions at any time by sending written notification to NDSP at info@ndsp.com.au

Thank you for choosing NDSP as your NDIS Plan Manager, we look forward to supporting you. If you have any questions about plan management with NDSP, you can visit our website – www.ndsp.com.au – or get in touch via email or phone



NATIONAL
DISABILITY
SUPPORT
PARTNERS

NDSP is a nationally
registered NDIS provider

Phone: **1800 636 377**

Email: **info@ndsp.com.au**

Online: **www.ndsp.com.au**

