

**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.

<b>Full Name:</b>	
<b>NDIS Number:</b>	

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)

<b>First Name:</b>	
<b>Last Name:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Relationship to Participant:</b>	

Please tick relevant information to share:

**Receive Monthly statements**

**Access to NAPPA**

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**Support Coordinator** (if applicable)

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<b>First Name:</b>	
<b>Last Name:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Company (if applicable):</b>	
<b>ABN:</b>	

Please tick relevant information to share:

- Receive Monthly statements**
- Access to NAPPA**

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

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<b>First Name:</b>	
<b>Last Name:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Relationship to Participant:</b>	

Please tick relevant information to share:

- Receive Monthly statements**
- Access to NAPPA**

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## AUTHORITY AND DECLARATION

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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

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Client, Guardian/Authorised  
Representative Full Name

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Client, Guardian/Authorised  
Representative Signature

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Date

You may revoke these permissions at any time by sending written notification to NDSP at [info@ndsp.com.au](mailto:info@ndsp.com.au)

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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](http://www.ndsp.com.au) – or get in touch via email or phone



NDSP is a nationally registered NDIS provider

Phone: **1800 636 377**

Email: **[info@ndsp.com.au](mailto:info@ndsp.com.au)**

Online: **[www.ndsp.com.au](http://www.ndsp.com.au)**

