

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 people engaged in work experience/placement are not required to apply for an NDIS check.

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

What happens from here?

Your application for a fee waiver can be emailed to NDISworkerscreening@justice.vic.gov.au with subject : Fee Waiver Request.

Once your application for a fee waiver has been received by and considered the Director, NDIS Worker Screening Unit, you will be notified of the outcome via email.

If your application is successful, we will send you the NDIS Check application form (either by email or post) for you to complete and post back, along with your proof of identity, to the NDIS Worker Screening Unit. If your application is unsuccessful, you will need to apply online with Service Victoria.