# Request for Variation of Registration

Under 73M of the *National Disability Insurance Scheme Act 2013* a registered NDIS provider may apply for a variation the provider’s registration.

The National Disability Insurance Scheme (Quality and Safeguards Commission and Other Measures) Transitional Rules 2018 will also apply in the NDIS Commission’s consideration of any application to vary a registration for a provider that transitioned to the NDIS Commission on 1 July 2018.

Changes to an NDIS registered providers contact details, outlets and service areas can be varied by accessing the NDIS Commission portal using their Registration ID (if registered in NSW or SA).

For changes related to the business entity or registration groups you should complete this form which has been approved for the purposes of section 73M of the *National Disability Insurance Scheme Act 2013*. The NDIS Commission may require you to provide further information or documents in relation to the application.

**Registered Provider Details**

|  |  |
| --- | --- |
| Registration ID: |  |
| Legal Name (Provider name): |  |
| Business Name (Trading name): |  |
| ABN: |  |
| ACN: |  |
| Contact Person: |  |

**Privacy**

This form seeks to collect information—including personal information—for the purpose of administering and enforcing the National Disability Insurance Act 2013 and National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018. Refer to the Privacy Collection Statement and the NDIS Commission’s Privacy Policy at [www.ndiscomission.gov.au](http://www.ndiscomission.gov.au).

**Provider detail changes**

If you are advising of a change of the registered provider name, please provide supporting documentation with this form.

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| **Update fields the fields requiring change** | |
| Legal name: |  |
| Business name: |  |
| Entity type: |  |
| ABN: |  |
| ACN: |  |

**Note:** Changes to Business Address; Postal Address; Phone Number; Email address and Web Address must be updated in the NDIS Commission portal.

### Registration group(s) changes

| **Registration group** | Add | Remove |
| --- | --- | --- |
| Accommodation / tenancy assistance |  |  |
| Assist to access/Maintain employ/Ed (Assist Access/Maintain Employ) |  |  |
| Assistance animals (other innovative supports) |  |  |
| Assistance in coordinating or managing life stages, transitions and supports |  |  |
| Assistance with daily life tasks in a group or shared living arrangement |  |  |
| Assistance with travel/transport arrangements |  |  |
| Assistive equipment for recreation |  |  |
| Assistive products for household tasks |  |  |
| Assistive products for personal care and safety |  |  |
| Communication and information equipment |  |  |
| Community nursing care for high needs |  |  |
| Customised prosthetics |  |  |
| Daily personal activities (assist personal activities) |  |  |
| Development of daily living and life skills |  |  |
| Early Intervention supports for early childhood |  |  |
| Exercise Physiology and Physical Wellbeing activities (Physical Wellbeing) |  |  |
| Group and Centre Based Activities |  |  |
| Hearing equipment |  |  |
| Hearing services |  |  |
| High intensity daily personal activities (assist integrate school/ed) |  |  |
| Home modification design and construction |  |  |
| Household tasks |  |  |
| Innovative community participation |  |  |
| Interpreting and translation |  |  |
| Management of funding for supports in participants plan |  |  |
| Participation in community, social and civic activities |  |  |
| Personal mobility equipment |  |  |
| Specialised disability accommodation only |  |  |
| Specialised driver training |  |  |
| Specialised hearing services (equipment special assess setup) |  |  |
| Specialised support coordination |  |  |
| Specialised supported employment |  |  |
| Specialist positive behaviour Support |  |  |
| Therapeutic supports |  |  |
| Vehicle modifications |  |  |
| Vision equipment |  |  |

### Request to vary period of registration

Please provide reasons as to why the Commission should consider varying the period for which your registration is currently in force.

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### Request to vary conditions applied to a certificate of registration

Please provide reasons why conditions applied to your registration should be removed or varied.

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**Declaration**

By agreeing to the declaration, the NDIS Quality and Safeguards Commission relies on the accuracy of the information provided by the applicant. The information you have provided is used to assess and determine the outcome of your application.

I declare that I am duly authorised by the provider identified in this form to complete and submit the above changes.

I acknowledge that giving false or misleading information to the NDIS Quality and Safeguards Commission is a serious offence under Section 137.1 of the Criminal Code Act 1995 (CTH), this is also grounds for the NDIS Commission to revoke a NDIS providers registration.

Full name of Authorised Officer:

Position of Authorised Officer:

Date:

Please return to [registration@ndiscommission.gov.au](mailto:registration@ndiscommission.gov.au)