

Change of circumstances form

NDIS participants, and people awaiting access decisions, can provide change of circumstance details using this form.

What is a change of circumstance?

You must tell the NDIA if something happens or is likely to happen that affects, or might affect, your access request, status as a participant, or plan. This may include any **significant** changes to your:

- disability support needs
- informal support arrangements
- compensation status (for example, you apply for, receive, or are entitled to compensation for injury)
- living arrangements (for example, you plan on moving, or have moved, house, overseas or permanently into aged care residential accommodation).

Note: For participants, a change of circumstances does not necessarily require a plan review. However, should the participant wish to request a plan review, they can do so by contacting the NDIA in any of the following ways.

How do I let the NDIA know?

There are three ways you can let the NDIA know about your change of circumstances:

In writing

You can tell us about changes in writing to either of the following addresses:

- Email: enquiries@ndis.gov.au
- Mail: NDIA, GPO Box 700, Canberra ACT 2601

By phone

You can tell us about changes over the phone by calling:

- 1800 800 110
- TTY: Ph. 1800 555 677 and ask for 1800 800 110 or your local office
- Speak and listen (speech to speech relay): Ph. 1800 555 727 and ask for 1800 800 110 or your local office.
- Your local Area Coordinator (LAC) Office

In person

Form



You can tell us about changes in person by visiting:

- Your local NDIA office
- Your LAC Office

Part A: Person's current details

If the **participant** or **person requesting access to the NDIS (prospective participant)** is completing this form, record the current details in the table below.

When you have completed Part A, proceed to **Part C** to let us know when your change of circumstances happened, or is likely to happen.

If you are completing this form on behalf of a person under 18 years, for whom you have **parental responsibility**, or a person from whom you are a **legal guardian** or **authorised representative**, complete Part A then proceed to **Part B**.

Requested details	Current details
Name	
NDIS number	
Date of birth	
Current postal or residential address	
Current phone (Home)	
Current phone (TTY)	
Current phone (Mobile)	
Current email	
Current local NDIS site	
Current LAC Office	

Form



Part B: Parent, legal guardian or representative

Only complete Part B if you are completing this form on behalf of a person under 18 years, for whom you have **parental responsibility**, or a person from whom you are a **legal guardian** or **authorised representative**. You may need to provide information to confirm you are authorised to represent the person.

Requested details	Representative details
Name	
Relationship to the person in Part A	
Postal or residential address	
Phone (Home)	
Phone (TTY)	
Phone (Mobile)	
Email	

Part C: When did (or will) the change happen?

Complete Part C to let the NDIA know the date the change happened, or is likely to happen, and whether it is a permanent or temporary change. If the change is temporary also record the date when the change will, or is likely to, end.

Requested details	Details of change
Permanent or temporary change	
Start date	
End date (temporary changes only)	

Form



Part D: Change to contact details

Complete Part D to let the NDIA know your new contact details. You do not need to record any details already recorded in Part A.

Requested details	What are your new contact details?
New postal or residential address (Include number, street, suburb, state, postcode and country)	
New phone (Home)	
New phone (TTY)	
New phone (Mobile)	
New email	

Part E: Other changes

Complete Part E to let the NDIA know about other changes in your circumstances. These changes may affect your NDIS plan and supports, or your access request.

Type of change	New details
My informal supports and/or living arrangements have changed.	For example, a family member who has provided informal support has a new job and you need to replace this support.

Form



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National Disability
Insurance Agency

Type of change	New details
My employment has changed.	For example, you are moving from part-time to full-time work.
My financial arrangements have changed.	For example, another person or organisation has started managing your money or you have become bankrupt.
My disability support needs have changed.	For example, you have experienced an increase or decrease in your support needs.
My health and wellbeing have changed.	For example, you have been diagnosed with a health condition which may impact on your disability

Form



Delivered by the
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Insurance Agency

Type of change	New details
Other (please tell us)	

Note: If you are **requesting a plan review** please complete the **Request for plan review** form.

Part F: Signature

In signing this form, I certify the information provided in this form is true and correct.

Requested participant or representative signed authority	Provided authority
Signature	
Name	
Date	