

# Leap in! Request for consent.

Please use this form if you need to **request consent** from an NDIS Participant.

## Participant details. (\*means this information is required)

Please note that all details must match those listed on the Participant's NDIS Plan.

Participant first name \*

Participant last name \*

Participant date of birth \*

NDIS participant ID number \*

## Parent or Nominee's details if relevant. (\*means this information is required)

Parent or Nominee's first name \*

Parent or Nominee's last name \*

Parent or Nominee's contact number \*

Relationship to Participant

## Person requesting consent. (\*means this information is required)

First name \*

Last name \*

Relationship \*

Contact number \*

## Consent.

The person named above has requested access to your account. You can give them access to just view your record, or to edit it as well. Editing will allow them to upload documents for you, approve invoices and add/change any information in the app. Would you like to grant (please tick one):

No access     View-only access     Editing access

You can also grant the authority for them to act on your behalf if the need arises, and receive correspondence from us regarding you (like the monthly statements). Acting on your behalf means that this person is able to call or email us to make changes or give us instructions for you, instead of having to do it yourself. Would you like to grant (please tick one):

No permission                       Permission to receive emails  
 Permission for emails and to act on your behalf.

Signature

Date