

Requesting a Plan Review Form

You may request a review of your NDIS participant plan at any time. If you wish to request a review of your plan, you must complete this form and return it to: NDIA, GPO Box 700, Canberra, ACT 2601.

The Agency will decide whether or not to conduct a review within 14 days of receiving your request and notify you of the decision in writing.

Please refer to the *Operational Guideline – Monitoring and Review of a Participant's Plan – Review of the Plan* for more information about the circumstances in which a review may be conducted.

You can change your participant statement of goals and aspirations at any time. Although this leads to a new plan, it is not a review of the plan by a delegate and does not result in a change to your statement of participant supports. You do not need to complete this form to change your participant statement.

Participant's name:
Participant's NDIS number:
Participant's local NDIS office:
Name(s) and relationship(s) of person(s) assisting with this form on behalf of the participant (e.g parent, relative, carer, guardian, nominee):
Please explain what has changed in your life that affects your plan

National disabilityinsurance Scheme

Please explain why you think that those changes in your life mean that the existing funded supports need to change
Please tick the following boxes before signing this form.
☐ I understand that the National Disability Insurance Agency does not have to agree to review my plan. If this happens, I will be advised of reasons for the decision and my rights in relation to seeking a review of that decision.
☐ I confirm that the information I have provided above is true and correct.
☐ I understand that if the Agency agrees to review my plan this does not guarantee that the funded supports in my plan will increase.
Signature of participant:
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Date