

Annexure A – Checklist for registration

Below is a high-level checklist of the information to be included as part of your NDIS Provider registration application. Note that this list is not exhaustive and is intended to be used as a guide only.

Before starting the application, please ensure that:

- The primary contact is authorised to act on behalf of the organisation in relation to the application for registration.
- The organisation has an Australian Business Number (ABN).

Information type	High-level detail
Contact details	<ul style="list-style-type: none"> • The primary contact person and contact details • The registered business' contact details • The applicant's postal address • Whether services are delivered from the contact address provided
Business registration details	<ul style="list-style-type: none"> • Your Australian Business Number (ABN), Australian Company Number (ACN) or Australian Registered Body Number (ARBN) • The entity type • The parent entity's ABN, ACN and ARBN (if applicable) • The email address to which you would like to receive information about payments once registered.
Organisation structure and governance	<ul style="list-style-type: none"> • Details of all Key Personnel, including contact number, email address and date of birth. • If the Key Personnel is a shareholder, the percentage share will also be required.

Information type	High-level detail
Suitability	<p>Details relating to the suitability of the applicant and its Key Personnel, including:</p> <ul style="list-style-type: none"> • If the Applicant has ever been in receivership, subject to a winding up order and / or under administration. • If any of the Applicant’s Key Personnel have ever been convicted of an indictable offence. • If the Applicant, or any of the Applicant’s Key Personnel, insolvent under administration, or been insolvent under administration (or equivalent in home jurisdiction). • If the Applicant, or any of the Applicant’s Key Personnel commenced bankruptcy proceedings. • If any of the Key Personnel have been disqualified as a director of a company, and/ or disqualified from managing corporations. • If the Applicant or any of the Applicant’s Key Personnel have been the subject of any investigation, adverse findings or enforcement by any regulator, including authorities responsible for the quality or regulation of services for people with disability. • If any of the Applicant’s Key Personnel, or the Applicant overall, have been the subject of any findings or judgement in relation to fraud, misrepresentation or dishonesty.
Registration Groups	The registration groups which you deliver or are preparing to deliver services in.
Service Delivery Questions	Questions relating to the delivery of services, including the management of medications, disposal of waste and use of restrictive practices. These questions help determine your scope of practice.
Self-Assessment against the applicable	Based on your organisation profile, the Registration Groups you select and your responses to the service delivery requirements,

Information type	High-level detail
<p>NDIS Practice Standards</p>	<p>the system will identify the NDIS Practice Standards relevant to your application.</p> <p>You will be asked to demonstrate how you meet the requirements of the relevant modules. You will have a limit of 300 words, 2,000 characters to address each outcome. Supporting documentation against your claims is also required.</p> <p>You can also upload up to 7 attachments, no larger than 2MB each.</p> <p>Note – additional documentation can be supplied to the approved quality auditor once you have one associated with your application. The approved quality auditor can upload this information to your registration record.</p>
<p>Service Profile</p>	<ul style="list-style-type: none"> • The number of NDIS Participants to which you deliver, or intend to deliver, services to. • The number of workers (including employees, volunteers and contractors) delivering NDIS supports. • The participant groups to which you deliver or intend to deliver services to: <ul style="list-style-type: none"> ○ Acquired brain injury ○ Aged Care ○ Autism ○ Dementia ○ Intellectual disability ○ Mental health ○ Physical disability including sensory disability ○ Spinal injury ○ Ventilator dependent • The age groups which you deliver, or intend to deliver to: <ul style="list-style-type: none"> ○ 0 – 6 years ○ 7 – 16 years ○ 17 – 65 years ○ Over 65 years

Information type	High-level detail
Service Coverage Areas	The state or local government area and the coverage area of the sites where you deliver or intend to deliver services.
Outlets	The details of each outlet, including information such as the address, opening hours and registration group of supports delivered at the outlet.
Worker Screening	<p>Registered NDIS providers must ensure that workers engaged in risk assessed roles have gone through a worker screening check and hold an appropriate clearance.</p> <p>Risk assessed roles are:</p> <ul style="list-style-type: none"> ○ key personnel roles ○ roles for which the normal duties include the direct delivery of specified supports or specified services to a person with disability ○ roles for which the normal duties are likely to require more than incidental contact with people with disability. <p>Information on the Worker Screening requirements and when they apply can be found on the NDIS Commission website.</p>