

# Application for NDIS Appeals Legal Services

**Before an application for legal representation can be made, an application for review must be lodged with the AAT.**

Please read the *Guidelines for Assessment of Applications for NDIS Appeals Legal Services Funding* before completing this form. Assessment of your application will be based on consideration of these guidelines.

**You must complete all fields and answer all questions.**

## **Things You Should Know:**

- 1. The information in these documents is important for a comprehensive assessment of your application.**
- 2. If you are unable to provide these documents, we may be in contact with you to explore the issues further.**
- 3. You can expect to hear of the outcome of your application for NDIS Legal Assistance within 30 days.**
- 4. Sometimes if we don't have all of the information we need, there may be delays.**

**You can get help to fill out this form. Consider contacting a disability advocacy agency. We (a LAC) can refer you to one if you give us a call. Our phone numbers are on pages 12-13 of this form.**

*The prompting questions below are to help you fill out the form.*

## Abbreviations:

AAT – Administrative Appeals Tribunal  
LAC – Legal Aid Commission  
DSS – Department of Social Services

NDIA – National Disability Insurance Agency  
NDIS – National Disability Insurance Scheme

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<b>SECTION A – APPLICANT DETAILS – The applicant is the person who is affected by the NDIA decision e.g. the person who is the NDIS participant or applicant to the NDIS.</b>		
Surname:		
Given name:		
Gender:	Date of birth:	
Address:		State:
Email:	Telephone:	
Preferred method of correspondence (email or post):		
Do you need an interpreter?	Language:	
Date application for review lodged with AAT:		
AAT File Number (if known):		
Any dates set by the AAT (e.g. conference dates):		
Advocacy or support agency client reference number (if applicable):		
<b>NDIS Appeals Support Person/Disability Advocate details (if applicable)</b>		
Name:	Organisation:	
Email:	Telephone:	
Do you consent to us discussing your application with your advocate?		

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What is the nature of your disability? (Tick one or more boxes) *If you are completing this form on behalf of a person with disability e.g. child, what is the nature of their disability?*

- Acquired Brain Injury
- Autism Spectrum Disorder
- Developmental Delay
- Intellectual Disability
- Neurological Disability
- Physical Disability
- Psychiatric Disability including Mental Illness
- Sensory and/or Speech
- Learning / ADD
- Other (Please Describe)

If applicable please list your disability diagnosis/es and/or condition/s below:

- 1.
- 2.
- 3.
- 4.
- 5.

Is there anything we should know about how you want us to communicate with you? E.g. via email, need for a translator, preference for gender etc.

**SECTION B – THE NDIA DECISION YOU WANT REVIEWED IN THE AAT**

**1a. What is the NDIA decision you disagree with about?**

- ACCESSING THE NDIS e.g. NDIS Access Request denied
- YOUR NDIS PLAN e.g. Types and levels of supports in your plan
- OTHER e.g. jurisdiction (*i.e. whether the Tribunal has the power to review the decision you disagree with*) Please explain:

**1b. Briefly describe the NDIA decision that you disagree with. Please attach a copy of the NDIA access request decision or plan in dispute (e.g. NDIS access request denied, or not enough funding for therapy)**

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**2a. Have you asked the NDIA for an internal review of the decision that you disagree with?**

**Note – Internal Reviews can be known as ‘Review of A Reviewable Decision’ and ‘Section 100(2) Reviews’**

- Yes:** Date of request for review                      proceed to 2a.i
- No:** Please explain why not and attach any relevant documents (*e.g. you requested an unscheduled plan review due to a change in circumstances, which the NDIA did not conduct within 14 days, so an internal review of this was automatically commenced*)

**2a.i How did you ask for a review?**

- Over the phone
- By email
- Using the NDIS Review of a Reviewable Decision Form

**2.a.ii Do you have a copy of your request for review e.g. the form, an email or a transcript of your phone call?**

- Yes** (please provide a copy)
- No:** Please explain why not and attach any relevant documents (*e.g. maybe you weren't aware that you could request a copy of the transcript of your phone review request*)

**2b. Have you received an internal review decision from the NDIA? (This is a letter addressed to you that describes the NDIA's decision in response to your internal review)**

- Yes:** date of decision letter                      (please provide a copy)
- No**

**3. Briefly describe why you do not agree with the NDIA decision and the reasons outlined in the internal review decision letter:**

*E.g. They didn't consider a particular report or piece of evidence you provided.*

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**4. What outcome are you seeking from the Tribunal? Please attach a copy of your AAT application.** *(Provide specific details including the nature, quantity and cost of any additional supports you may be seeking).*

**5. What other additional information or documentation do you have that supports the outcomes you are seeking from the Tribunal? Please list and attach**  
*E.g. New medical or assessment reports.*

**6a. T-Documents are a compilation of documents about you that the NDIA stores. When you apply to the AAT for a review, the NDIA is required to give you a copy of your T-Documents so you have access to all of the information that may be discussed at the AAT. Have you received a copy of the T-Documents from the AAT or the NDIA?**

**Yes** (please provide a copy if possible)

**No**

**6b. The Early Resolution team is part of the NDIS. When you apply to the AAT, the NDIS Early Resolution team is notified in case your matter is able to be resolved by the NDIS before the AAT gets involved. Have you been contacted by the NDIS Early Resolution team to discuss your case?**

**No**

**Yes:** Please summarise any outcomes including any offers to settle your case or any additional information provided to the Early Resolution Team:

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**7a. Have you attended an AAT case conference/s yet either face-to-face or over the phone?**

- No:** Provide any future case conference dates . *Proceed to question 8*
- Yes:** Date/s: (Please summarise any outcomes of the case conference and/or any other relevant information discussed during the case conference)

**7b. Has the AAT issued:**

- A Case Plan?**  No  Yes: *Please provide a copy*
- Directions?**  No  Yes: *Please provide a copy*
- A Listing Notice?**  No  Yes: *Please provide a copy*

**SECTION C – REASONS FOR APPLICATION FOR NDIS APPEALS LEGAL ASSISTANCE**

**8. Are you experiencing any issues or circumstances in addition to your NDIS issues that would affect your ability to represent yourself in the AAT appeal?**

These may be things like home circumstances, living arrangements, language barriers, geographical location or availability of helpful people like friends or family.

- No**
- Yes:** *Please provide a brief summary:*

**9. Are there any other deadlines, important dates, risk or important issues you would like us to know about?**

- No**
- Yes:** *Please provide a brief summary:*

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**SECTION D – CHECKLIST**

Let's reflect on all of the information you've provided us and make sure we have everything we need in order to assess your application for NDIS Legal Services. Use this list to consider whether you've completed all the requirements.

1. Have I completed all the sections in the form?  YES  NO
2. Have I attached a copy of the NDIA access decision or NDIS plan in dispute? (see Question 1b)  YES  NO
3. Have I attached a copy of my application for an NDIA internal review with supporting documents? (see question 2.a.ii)  YES  NO
4. Have I attached a copy of the NDIA internal review decision? (see question 2b)  YES  NO
5. Have I attached a copy of my AAT application? (see question 4)  YES  NO
6. Have I attached a copy of my T-Documents? (if applicable – see question 6a)  YES  NO
7. Have I attached a copy of any AAT Case Plans or Directions? (if applicable, see question 7b)  YES  NO
8. Have I attached a copy of any other supporting documentation?  YES  NO



**SECTION E – ACKNOWLEDGEMENT AND CONSENT**

**AAT applicant consent**

I

**OR**

I am authorised to provide consent on behalf of  
acknowledge that I have read or understood the information provided in this referral form and  
give consent for:

- LAC to collect and use information as described in this referral form;
- LAC to provide a copy of this referral form (including this acknowledgement and consent and any accompanying documentation) to DSS;
- NDIA to disclose to LAC information relevant to this referral that is held in the records of NDIA; and
- LAC to use this information for the purpose of sharing information with other NDIS Appeals providers to ensure consistency and for quality assurance, for the purposes described in this referral form.

Signature:

x \_\_\_\_\_

Printed name:

Date:

Relationship to applicant: (if authorised to consent on behalf of another person)

## SECTION F – SUBMIT REFERRAL

APPLICATIONS can be submitted to the following Legal Aid Commissions by email or by post to:

### Legal Aid NSW

Government Law/NDIS  
(02) 9219 5790  
[NDISapplications@legalaid.nsw.gov.au](mailto:NDISapplications@legalaid.nsw.gov.au)  
PO Box K847  
Haymarket NSW 1238

### Victoria Legal Aid

Assignments Family and Civil  
(03) 9269 0600  
[ndis@vla.vic.gov.au](mailto:ndis@vla.vic.gov.au)  
GPO Box 4380  
Melbourne VIC 3001

### Legal Services Commission of South Australia

(08) 8111 5550  
[lsc.correspondence@lsc.sa.gov.au](mailto:lsc.correspondence@lsc.sa.gov.au)  
GPO Box 1718  
Adelaide SA 5001

### Legal Aid Commission of Tasmania

1300 366 611  
(03) 6236 3800  
[ndis@legalaid.tas.gov.au](mailto:ndis@legalaid.tas.gov.au)  
GPO Box 1422  
Hobart TAS 7001

### Legal Aid Western Australia

1300 650 579  
[ndis@legalaid.wa.gov.au](mailto:ndis@legalaid.wa.gov.au)  
PO Box L916  
Perth WA 6842

### Legal Aid ACT

(02) 6243 3411  
[Client.services@legalaidact.org.au](mailto:Client.services@legalaidact.org.au)  
GPO Box 512  
Canberra ACT 2601

### Northern Territory Legal Aid Commission

1800 019 343  
[info@ntlac.nt.gov.au](mailto:info@ntlac.nt.gov.au)  
Locked Bag 11  
Darwin NT 0801

**SECTION F – SUBMIT REFERRAL**

Legal Aid Queensland

1300 65 1188

[ndis@legalaid.qld.gov.au](mailto:ndis@legalaid.qld.gov.au)

GPO Box 2449

Brisbane QLD 4001

**Applications by email are preferred where possible.**