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.

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

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

| Abbreviations: |
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| AAT – Administrative Appeals TribunalLAC – Legal Aid CommissionDSS – Department of Social Services | NDIA – National Disability Insurance AgencyNDIS – National Disability Insurance Scheme |

| **SECTION 1 – APPLICANT DETAILS** |
| --- |
| Surname: |
| Given name:  |
| Sex: | Date of birth:  |
| Address:  | State:  |
| Email:  | Telephone:  |
| Preferred method of correspondence (email or post):  |
| Date application for review lodged with AAT: |
| AAT File Number (if known):  |
| Any dates set by the AAT (e.g. conference dates):  |
| Client Identifier (where a record has been created by the Support Person):  |

NDIS Appeals Support Person details (if applicable)

| Name:  | Organisation:  |
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| Email:  | Telephone:  |

| **SECTION 2 – REASONS FOR APPLICATION FOR NDIS APPEALS LEGAL SERVICES** |
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| **Briefly describe the NDIA decision:** *E.g. What is the decision?*  *What is the Act reference specified by the NDIA?*  |
| **Background:** *E.g. What are the relevant events leading up to the NDIA decision?* |
| **Why are you disputing the decision?***E.g. What should the NDIA have considered in their decision but did not?* *What did the NDIA consider in their decision but should not have?* *Which Act reference/rule gives basis for your argument?* |
| **Why is the case complex or novel?***What are you relying on under the Guidelines to support your application? (See Guidelines 4.2)* |
| **Additional information:***E.g. If a similar case has been heard by the AAT what was the case and outcome, and why is this situation different?* |
| **A decision in relation to this matter:** 1. will clarify an uncertain or contentious area of law in relation to the NDIS Act or rules
 | YES / NO |
| 1. will resolve an important question of law arising under the NDIS Act or rules
 | YES / NO |
| 1. is likely to result in improvements or beneficial changes to the administration of the NDIS
 | YES / NO |
| 1. is likely to affect a significant number of participants in the NDIS.
 | YES / NO |
| **SECTION 3 – CHECKLIST** |
| 1. Have I completed all the sections in the form?
 |  | YES / NO |
| 1. Have I attached a copy of the NDIA access or plan decision in dispute?
 |  | YES / NO |
| 1. Have I attached a copy of my application for an internal review with supporting documents?
 |  | YES / NO |
| 1. Have I attached a copy of the NDIA internal review decision?
 |  | YES / NO |
| 1. Have I attached a copy of my AAT application?
 |  | YES / NO |
| 1. Have I attached a copy of any other supporting documentation?
 |  | YES / NO |
| Please note: The information in these documents are crucial for a comprehensive assessment of the application. If you are unable to provide these documents, there may be delays in receiving a decision beyond the 30 day processing period. |

| **SECTION 4 – ACKNOWLEDGEMENT AND CONSENT** |
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| **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 and the NDIA;
* 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Relationship to applicant: (if authorised to consent on behalf of another person) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| **SECTION 5 – SUBMIT REFERRAL** |
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| APPLICATIONS can be submitted to the following Legal Aid Commissions by emailor by post to:Legal Aid NSWGovernment Law/NDIS(02) 9219 5790NDISapplications@legalaid.nsw.gov.au PO Box K847Haymarket NSW 1238Victoria Legal AidAssignments Civil Coordinator(03) 9606 5356assignmentscivil@vla.vic.gov.au GPO Box 4380Melbourne VIC 3001Legal Services Commission of South Australia(08) 8111 5570lsc.ndisgrants@lsc.sa.gov.au GPO Box 1718Adelaide SA 5001Legal Aid Commission of Tasmania1300 366 611(03) 6236 3800ndis@legalaid.tas.gov.auGPO Box 1422Hobart TAS 7001Legal Aid Western Australia1300 650 579ndis@legalaid.wa.gov.auPO Box L916Perth WA 6842Legal Aid ACT(02) 6243 3411Client.services@legalaidact.org.au GPO Box 512Canberra ACT 2601Northern Territory Legal Aid Commission1800 019 343info@ntlac.nt.gov.auLocked Bag 11Darwin NT 0801Legal Aid Queensland1300 65 1188ndis@legalaid.qld.gov.au GPO Box 2449Brisbane QLD 4001 **Applications by email are preferred where possible.**  |