

NDIS Worker Screening Volunteer Fee Application

A volunteer for the purpose of National Disability Insurance Scheme (NDIS) Worker Screening in the NT is a person that volunteers their time to provide NDIS related support or services to people with a disability without payment, benefit or financial gain (excluding reimbursement for out-of-pocket expenses).

To be eligible to apply for the volunteer fee for a NDIS Worker Screening Check, you must be verified as a NDIS **volunteer**, by the organisation or self-managed participant you volunteer for.

You are not eligible to apply if you are working towards paid NDIS work in the future (such as university student in a placement, job seeker, or work for the dole).

To apply for the volunteer fee:

- 1. Please print out this form and have your volunteer organisation representative or NDIS participant complete the details below.
- 2. Scan and upload the signed form to your online NDIS Worker Screening application.
- 3. SAFE NT will consider your application and contact you at the email address you provide with the outcome.

Please note you need to tell SAFE NT if you gain paid employment in NDIS while you hold a volunteer clearance.

This section to be completed by the applicant.

1. NDIS Volunteer Worker Details:

First Name:														
Last Name:														
Date of Birth:	D	D	/	M	M	/	Υ	Υ	Υ	Υ	Contact Number:			
Email Address:														

2. Do you qualify as a volunteer?

Do you receive any payment for NDIS related work that you do, even if it is for a different employer/provider/participant?





If yes, please properties of the properties of t	rovide a brief description of the type of work you are paid for by any NDIS Organisation or
raiticipant.	
Note: If you answ	ered yes, you do not qualify as a volunteer.
In signing this f	orm, I acknowledge and confirm the following:
services to p	plicant named above and I volunteer my time to provide NDIS related support or beople with a disability without payment, benefit or financial gain (excluding ent for out-of-pocket expenses).
	d and acknowledge that it is an offence under the <u>National Disability Insurance</u> or misleading information.
Name:	
Date:	
Signature	
This section to	be completed by NDIS organisation representative or NDIS participant.
1. NDIS C	Organisation Details:
	/Participant ID number: Quality and Safeguards Commission Portal)
Organisation N	ame:



Organisation Address:

Contact Person:

Position / Title:	
Email address:	
Contact Number:	

2. Verify Volunteer Applicant:

Briefly describe the type of volunteer work the applicant will be undertaking as an NDIS Worker (Please note, secondary students on formal work experience placement with a registered NDIS provider do not need an NDIS worker screening clearance if directly supervised by another worker who has a clearance or acceptable check).	

In signing this form, I acknowledge and confirm the following:

- I verify the applicant named above is a person that only volunteers their time to provide NDIS
 related support or services to people with a disability without payment, benefit or financial
 gain (excluding reimbursement for out-of-pocket expenses) while working with this
 organisation.
- I understand and acknowledge that it is an offence under the <u>National Disability Insurance</u> <u>Scheme (Worker Clearance) Act 2020</u> to provide false or misleading information.

Name:	
Position:	
Date:	
Signature	

