



In signing this Request to Withdraw an NDIS Worker Screening Application Form, I acknowledge and confirm:

- I am the person identified as the applicant above;
- I understand and acknowledge that if my application is withdrawn I am not able to work in NDIS related risk-assessed roles providing supports and services to people with a disability;
- I am not eligible for a refund of the application fee; and
- Should I change my mind and decide I need a NDIS Worker Screening Clearance, I will be required to re-apply and pay the application fee again.

Full Name:															
Signature:					Date:	D	D	/	M	M	/	Y	Y	Y	Y

