

## NDIS Worker Screening – Request for an Internal Review of Decision

This form is for persons who intend to request an Internal Review of a decision made by SAFE NT in relation to a NDIS Worker Screening Check. Only certain decisions are 'reviewable decisions' under the *National Disability Insurance Scheme (Worker Clearance) Act 2020* (NT) ('the Act').

Reviewable decisions under the Act are:

- A decision to impose an interim bar on an applicant (s33(1)(a) of the Act) after the interim bar has been in place for six (6) months or more (s33(2) of the Act).
- A decision to suspend a person's clearance (s33(1)(b) of the Act) after the suspension has been in place for six (6) months or more (s33(2) of the Act).
- An intention to refuse clearance to an applicant (s38 of the Act).
- An intention to cancel a person's clearance (s38 of the Act).
- Where a person's clearance has been suspended on the grounds that the person is a disqualified person only because of mistaken identity (s38(3) of the Act).
- Where a person's clearance has been refused on the grounds that the person is a disqualified person only because of mistaken identity (s38(3) of the Act).

### To apply for an internal review:

1. Complete this form providing as much detail as possible to support your claim.
2. Include with this form all evidence and documentation in support of your claim (e.g. personal character references, medical reports, Court records, evidence of training/certificates, probation reports or any other relevant documents).
3. Email the form and attachments to [NDIScreening.Advice@pfes.nt.gov.au](mailto:NDIScreening.Advice@pfes.nt.gov.au) using the subject title 'Internal Review Request – Your name – Your worker screening ID'.

All correspondence to you will be from [NDIScreening.Advice@pfes.nt.gov.au](mailto:NDIScreening.Advice@pfes.nt.gov.au). Please make sure that these emails do not go to your spam folder.



# Request for Internal Review Form

Worker Screening ID:		Case reference ID:										
Given Name/s:												
Family Name:												
Date of Birth:	D	D	/	M	M	/	Y	Y	Y	Y	Contact Number:	
Email:												
Postal Address:												

Please tick the relevant boxes for the type of internal review you are requesting

- |  |  |
|--|--|
| <input type="checkbox"/> Decision to impose interim bar (>6 months)                          | <input type="checkbox"/> An intention to refuse clearance                                  |
| <input type="checkbox"/> Decision to suspend a clearance (>6 months)                         | <input type="checkbox"/> An intention to cancel clearance                                  |
| <input type="checkbox"/> Clearance suspended due to mistaken identity of disqualified person | <input type="checkbox"/> Clearance refused due to mistaken identity of disqualified person |

To support your request for an internal review, you must provide as much supporting evidence as possible. At a minimum, you must provide the following as attachments to this form.

<input type="checkbox"/>	A detailed explanation of your reasons for requesting an internal review
<input type="checkbox"/>	Any further information you would like to be considered in the internal review
<input type="checkbox"/>	An indexed list of all attachments provided

In signing this form, I acknowledge and confirm:

- I am the person identified above;
- The information I have provided is true and correct; and
- I have read the *Internal Review of NDIS Check Decisions* Fact Sheet and I understand my rights and the review process.

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

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SERVICES**



## Index of Attachments

Worker Screening ID:		Case reference ID:	
Full Name:			

Please ensure each document is numbered and list them below.

Document #	Document title / description
<i>Example</i> 1	Reasons for request of internal review

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