**Disability Support for Older Australians (DSOA) NDIS Registration Exemption Form**

Please email your completed application form and supporting information directly to: [CommonwealthDSOA@health.gov.au](mailto:CommonwealthDSOA@health.gov.au)

## Part A – Organisation details

**Trading name:** Click here to enter text.

**Legal entity name:** Click here to enter text.

**Organisation ABN number:** Click here to enter text.

**Organisation ACN number:** Click here to enter text.

**Organisation ARBN number:** Click here to enter text.

## Part B – Contact details

**Your name:** Click here to enter text.

**Your position in organisation:** Click here to enter text.

**Your best contact phone number:** Click here to enter text.

**Your email address:** Click here to enter text.

## Part C – Services

If you provide support or services that use regulated restrictive practices and/or develop behaviour support plans (e.g. provide Specialist Behavioural Intervention Support) for your DSOA client(s) you **will not** be granted an exemption.

**Select all services you provide to DSOA clients from the list below.**

|  |  |
| --- | --- |
| Assistance in Supported Independent Living (SIL)  Assistance with Self-Care Activities  Short Term Accommodation and Assistance (STA) (inc. Respite)  Counselling  Community Nursing Care for Continence Aid  Audiologist Hearing Services  Delivery of Health Supports by an Enrolled Nurse  Delivery of Health Supports by a Registered Nurse  Delivery of Health Supports by a Clinical Nurse  Delivery of Health Supports by a Clinical Nurse Consultant | Delivery of Health Supports by a Nurse Practitioner  Psychosocial Recovery Coaching Assessment  Therapy Assistant (Level 1, Level 2)  Assessment Recommendation Therapy and/or training (incl. AT) – Physiotherapy  Assessment Recommendation Therapy and/or training (incl. AT) – Other Therapy  Dietitian Consultation and Diet Plan Development  Exercise Physiology  Case Management  Extended CoS Services |

## Part D – Clients

**How many DSOA clients do you support?** Click here to enter text.

**How long have you provided services to DSOA clients?** Click here to enter text.

## Part E – Complaints

**Are you aware of any client complaints made to the NDIS Commission?**

YES  NO

## Part F – Reason for exemption

**What is your reason for requesting a NDIS registration exemption?**

Click here to enter text.

For more information, refer to the [DSOA Program Manual](https://www.health.gov.au/resources/publications/disability-support-for-older-australians-program-manual?language=en), Section 4 Quality and Safety.