**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

## 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.