



Disability Support for Older Australians (DSOA) Program – 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:

Legal entity name (as per your Grant Agreement):

Organisation ABN number:

Organisation ACN number:

Organisation ARBN number:

Part B – Contact details

Your name:

Your position in organisation:

Your best contact phone number:

Your email address:

Part C – Services

If your organisation provides direct 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. These services must match the client’s services listed in the organisations client funding breakdown (CFB).

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

Part D – Aged care funded body

Is your organisation a registered aged care funded provider?

If Yes, please provide us with your organisations full legal entity name as registered with Aged Care

Part E – Clients

How many active DSOA clients does your organisation support

How long has your organisation provided services to DSOA clients?

Part F – Complaints

Are you aware of any client complaints made to the NDIS Commission about your organisation?

YES

NO

If yes, please provide details of the complaints below:

Part G – Reason for exemption

What is your reason for requesting a NDIS registration exemption?

Part H – Client acknowledgement

DSOA Service Coordinators must advise their DSOA clients that they will be an unregistered NDIS provider and notify the client/s of the provider's obligations as an unregistered NDIS provider.

The client then needs to provide written consent they agree to stay with your organisation as an unregistered NDIS provider for DSOA supports.

Have you attached written client consent from all active DSOA clients to this application.

YES

NO

For more information, refer to the [DSOA Program Manual](#), Section 4 Quality and Safety.