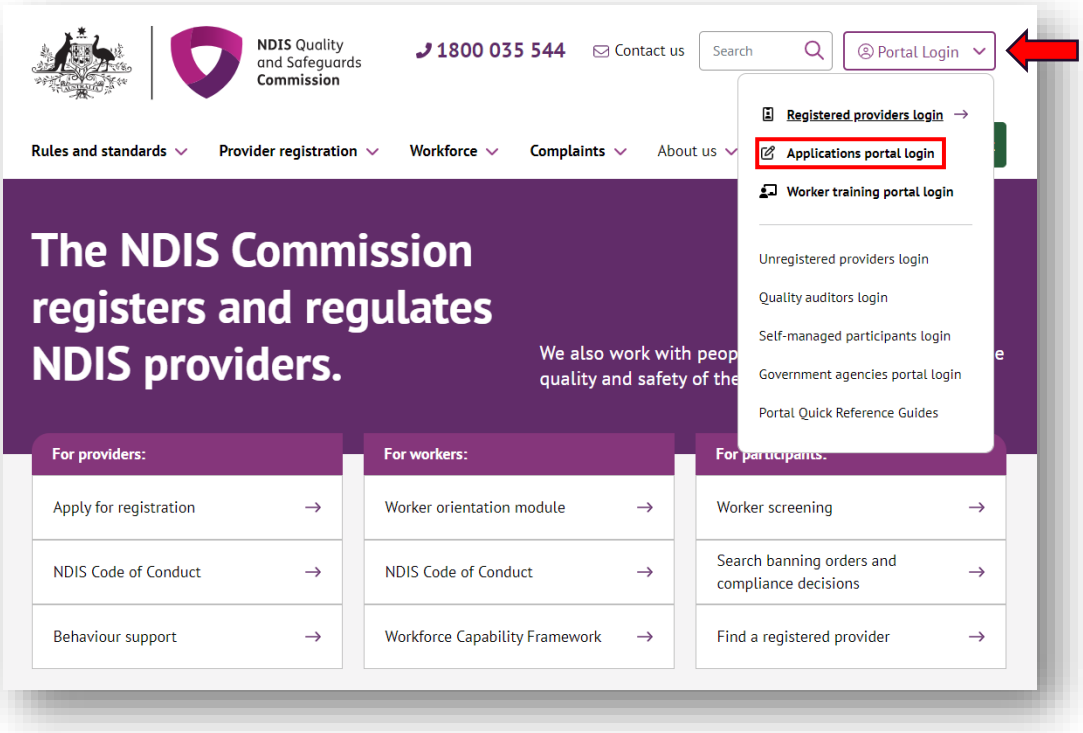
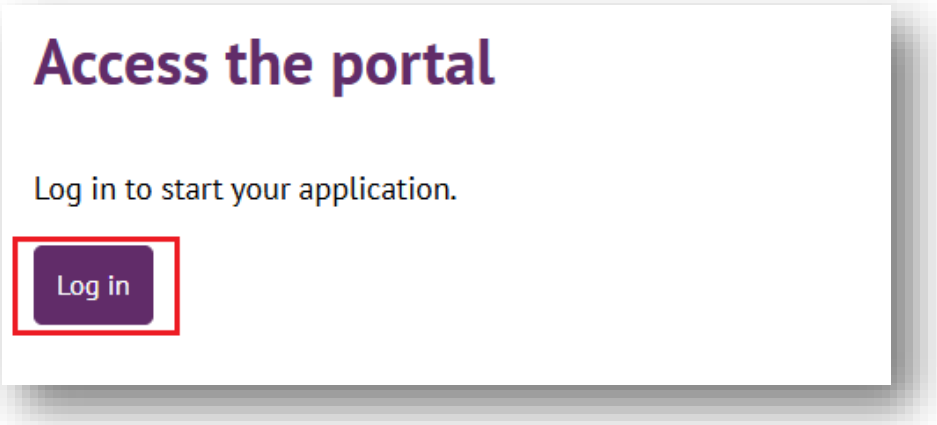
Apply for access to the Database: Unregistered Providers

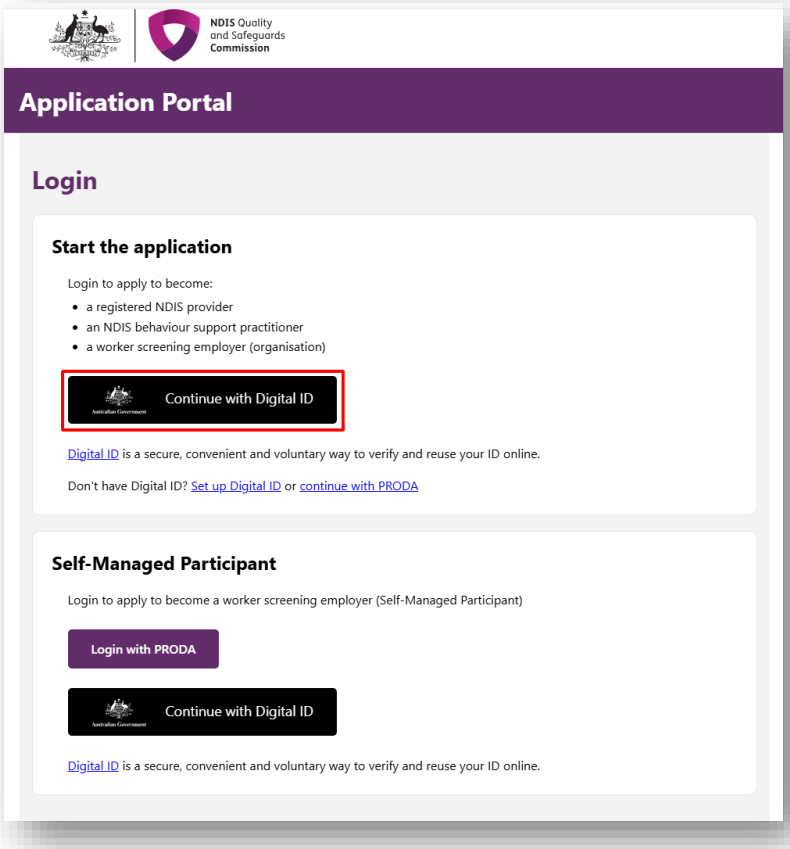
1. To obtain access to the database, navigate to the Commission's website at www.ndiscommission.gov.au
2. Navigate to **Portal Login** > **Applications portal login.**



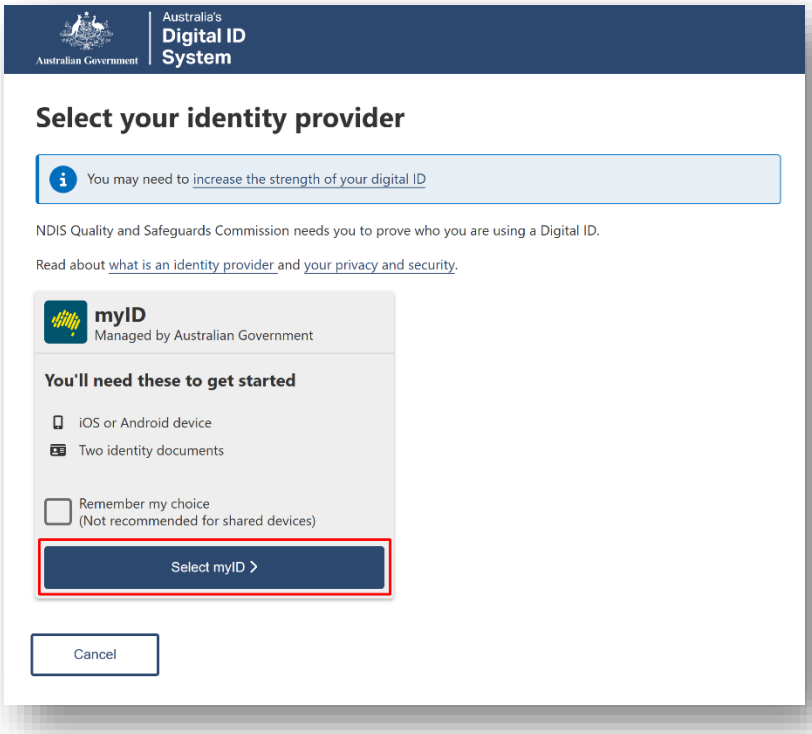
3. Once you get to the Applications Portal webpage, click **Login**



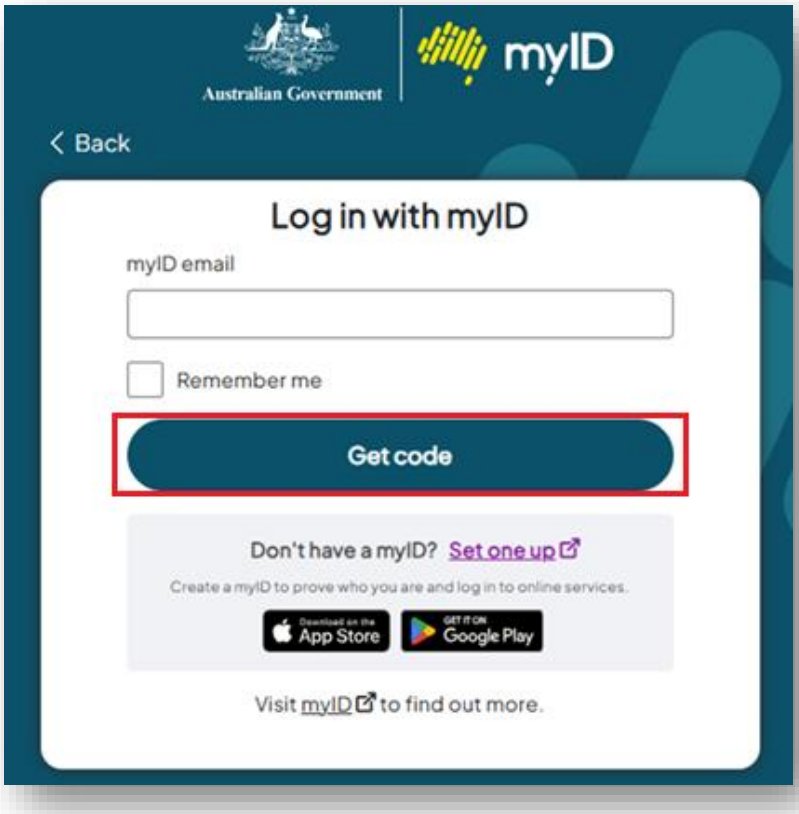
4. Click **Continue with Digital ID**



5. Click **Select myID**



6. Enter your myID email and click **Get code**. If you don't have an account, you can register for a Digital ID (myID).

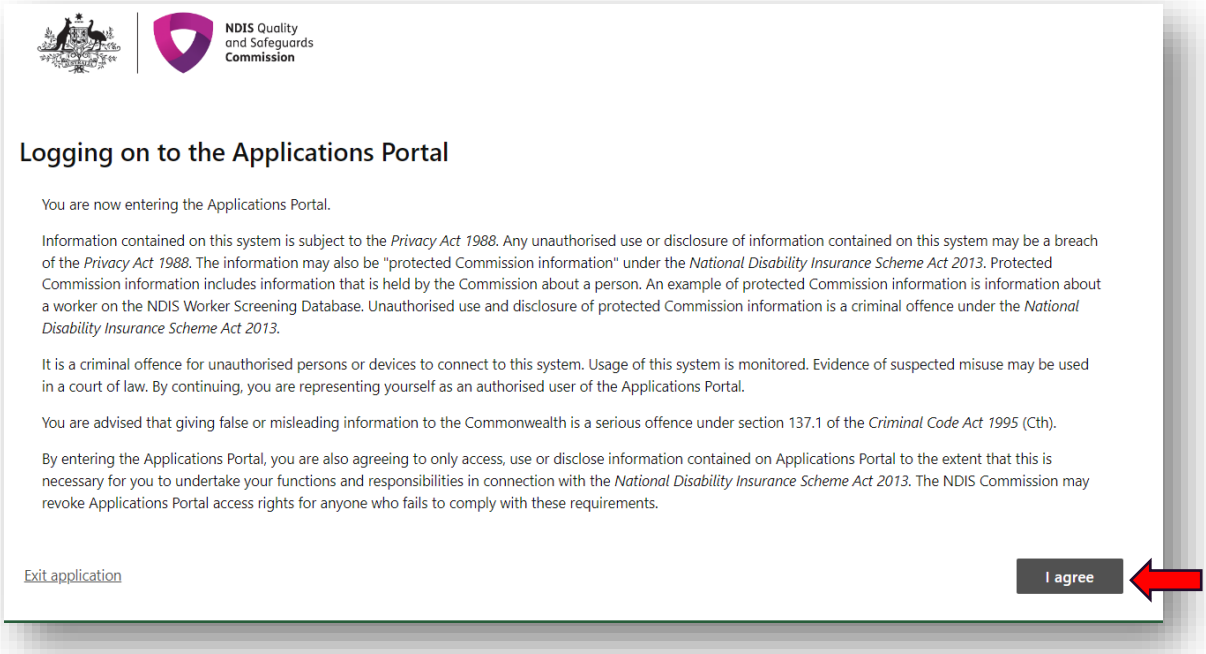


7. A code will be generated.

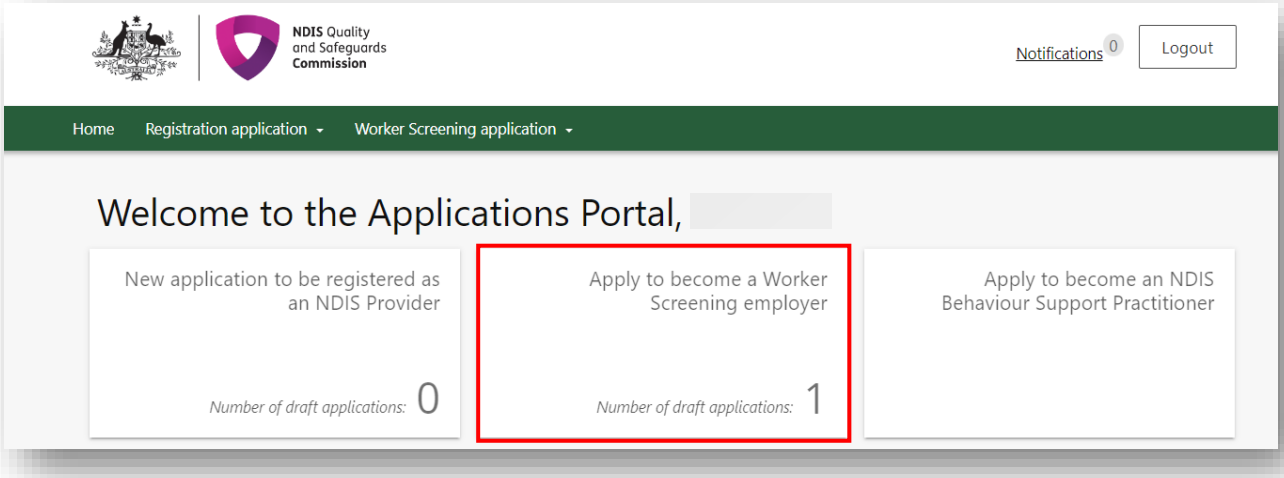
8. Open the **myID app** on your **phone** and either accept the request or enter the code.

9. Please **enter** the required information and you will receive an **email** to **confirm your details**. You will then be directed to log back into the **Applications Portal** to complete your application.

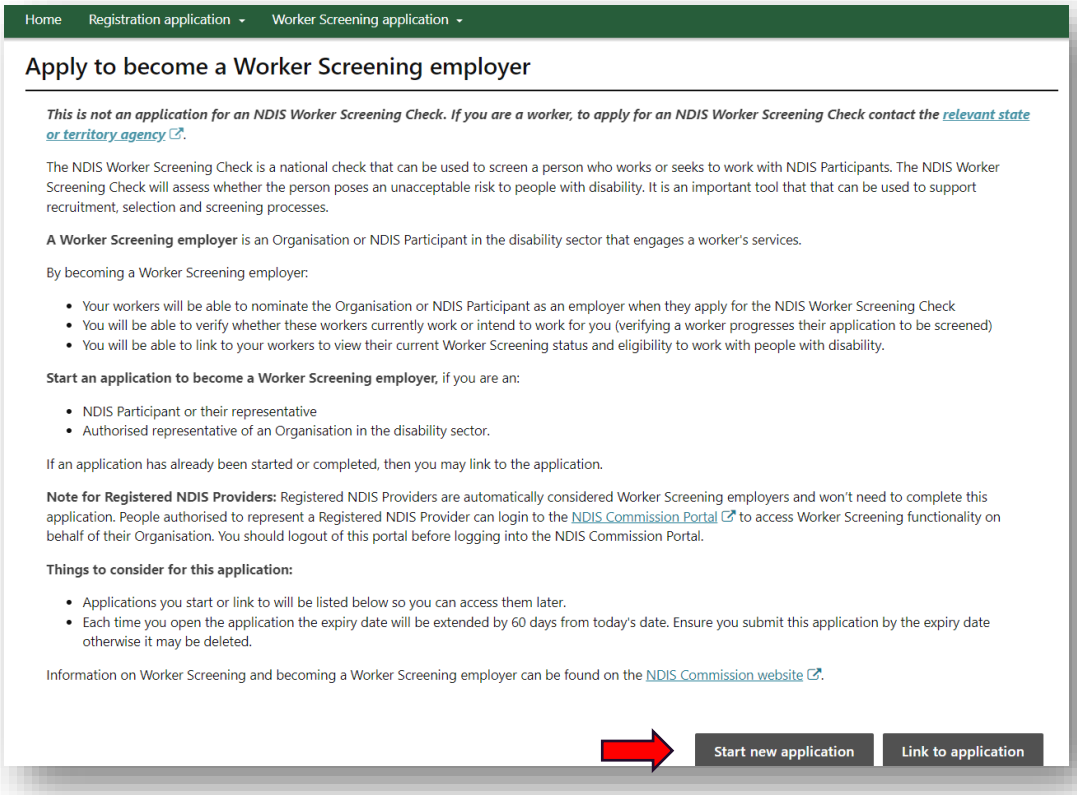
10. Read the Applications Portal conditions and click **I agree.**

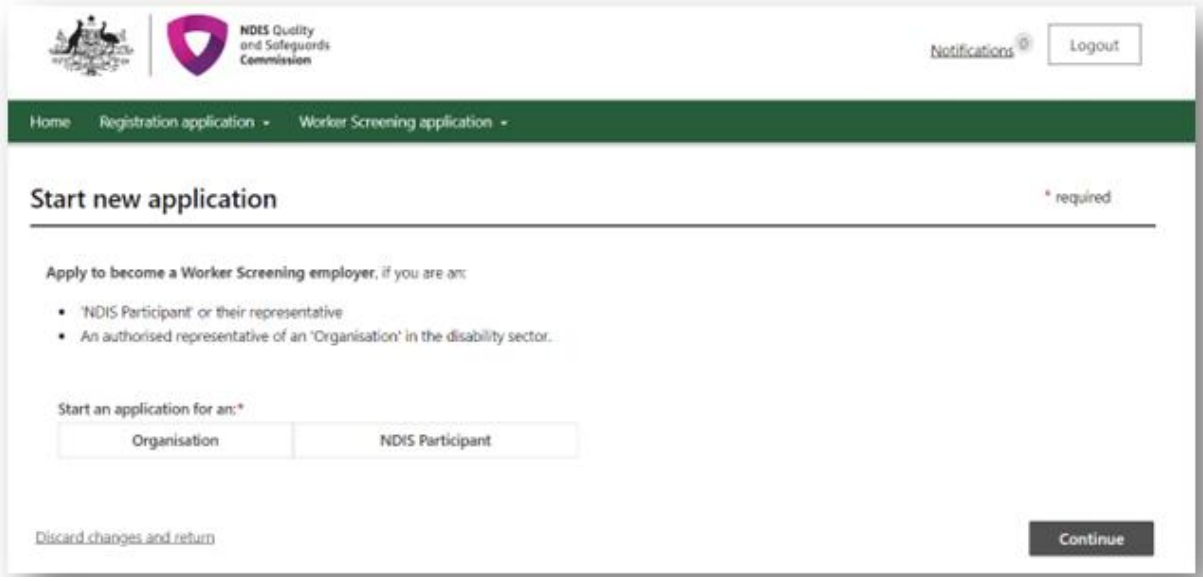


11. As an Unregistered Provider seeking access to the NWSD, select the tile **Apply to become a Worker Screening employer.**
REMINDER: This is not an application for a NDIS Worker Screening Check.

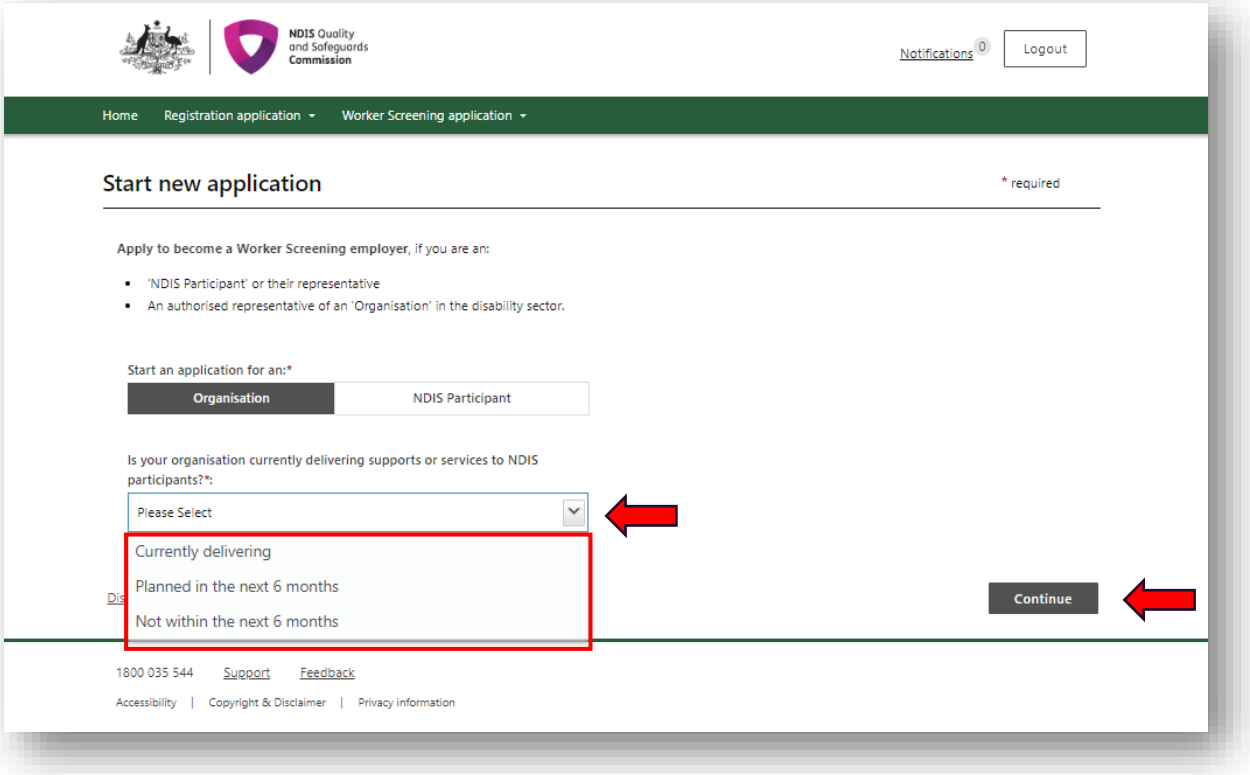


12. Click **Start new application** to become a **Worker Screening Employer** to verify/link/unlink workers in the **NWSD**, and to view their Worker Screening status and eligibility to work in the disability sector.



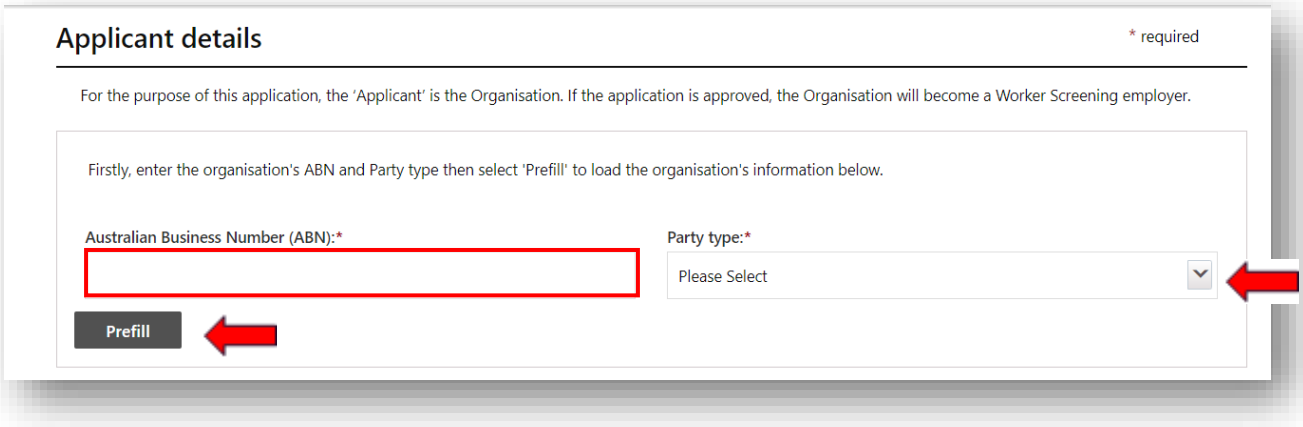


13. To continue, select **Organisation**.
14. You will then need to select if/when your organisation will be delivering supports or services to NDIS participants. Select your answer, then click **Continue**. If you select **Not within the next 6 months** your application will **NOT** proceed, as it is a requirement that employers deliver services within 6 months of application.

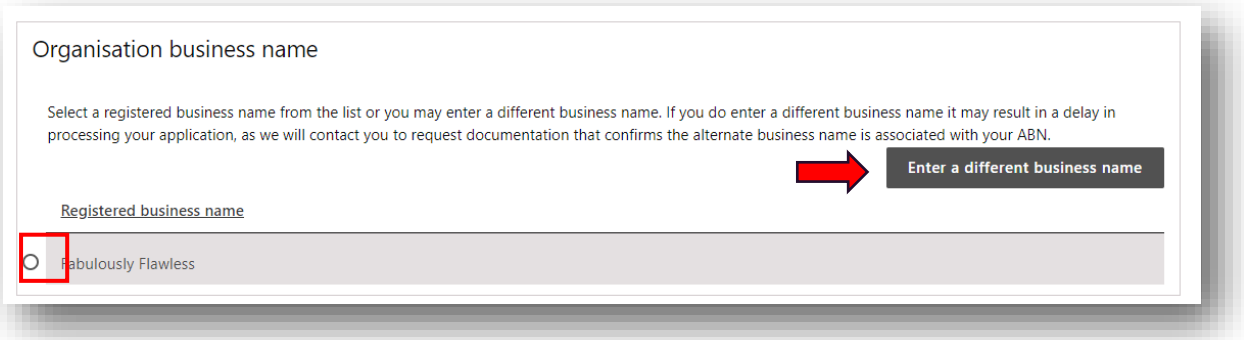


15. Please fill in your **ABN only** and then select the **Party type** (select the same party type that is listed on the Australian Business Register) from the options provided. Once complete, select **Prefill**.

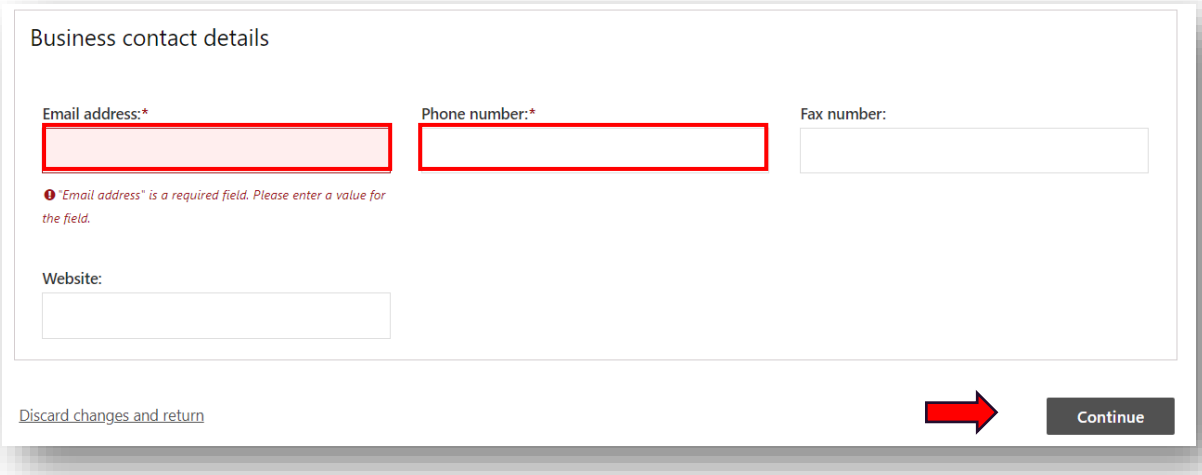
    Tip: *It is recommended that you do not copy and paste your ABN, please enter it manually, without spaces.*
    Tip: *If your organisation is a trust, please select Australian private company.*



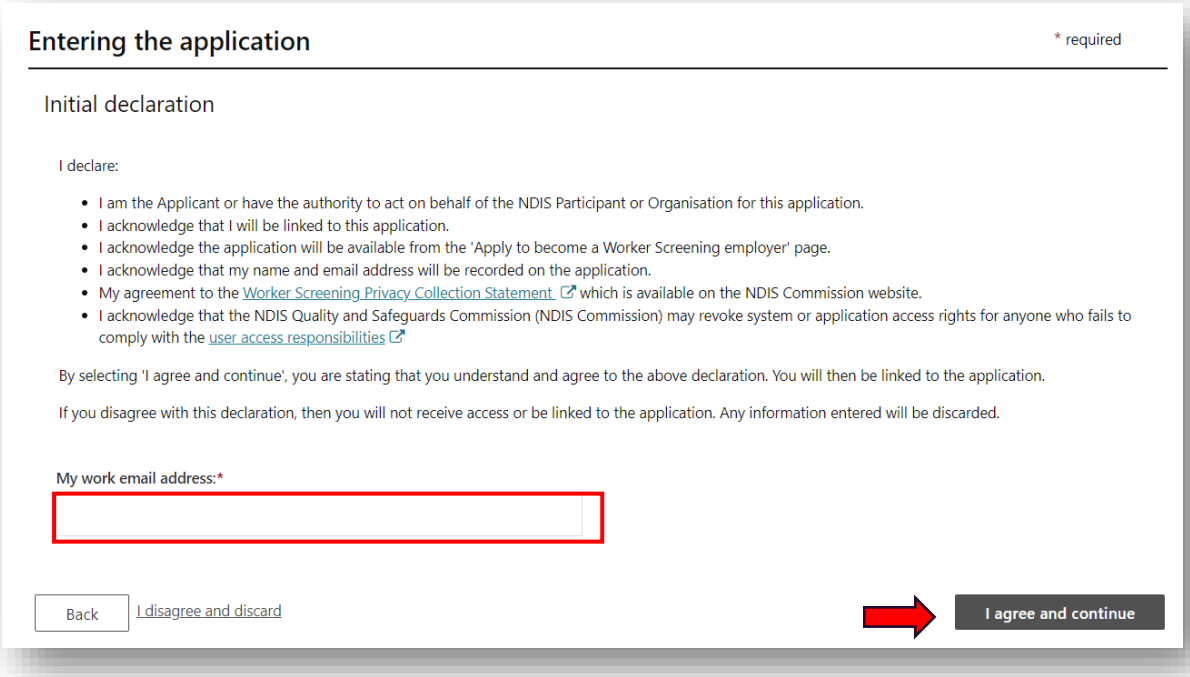
16. **Please ensure that you select the business name that is listed on the Australian Business Register.** If you **do not** have a business name, use the **Legal name (entity name)** that is listed on the **Australian Business Register**. To do this you will need to select **Enter a different business name.**



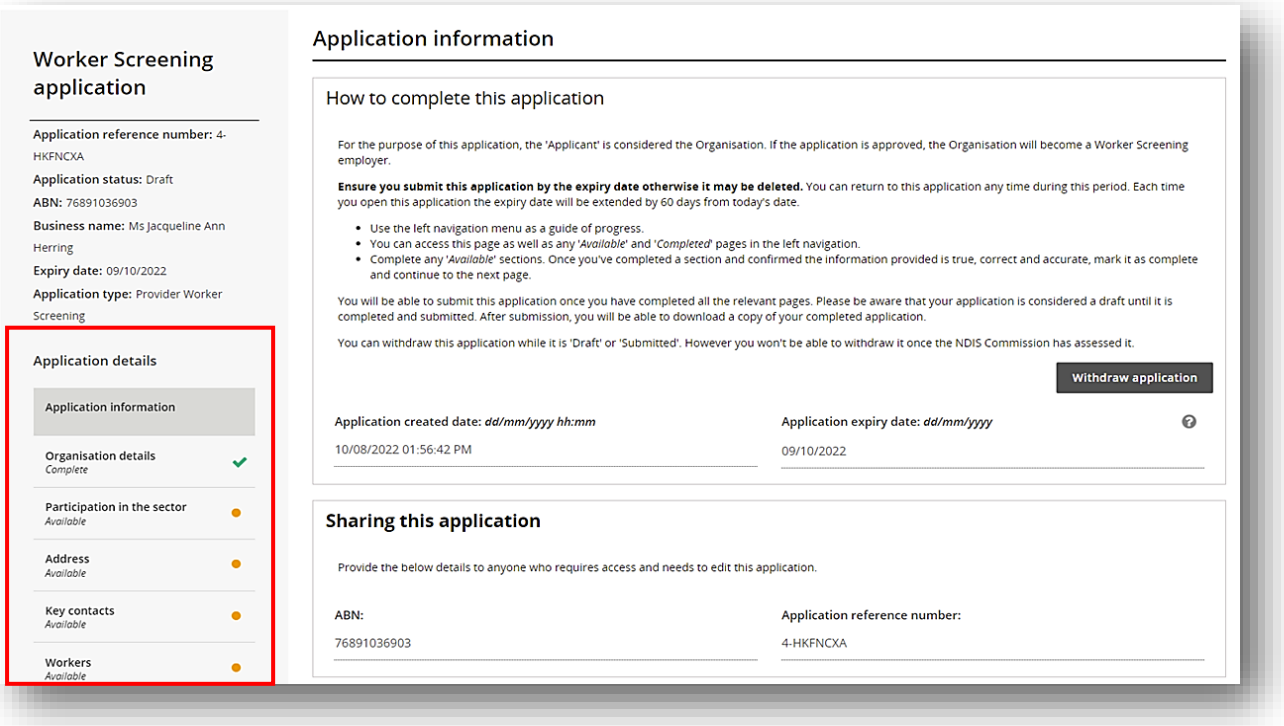
17. Enter the **same Email address** and **Phone number** that you used to register with **Digital ID**. *Fax number and Website are not required*. Select **continue** once entered.



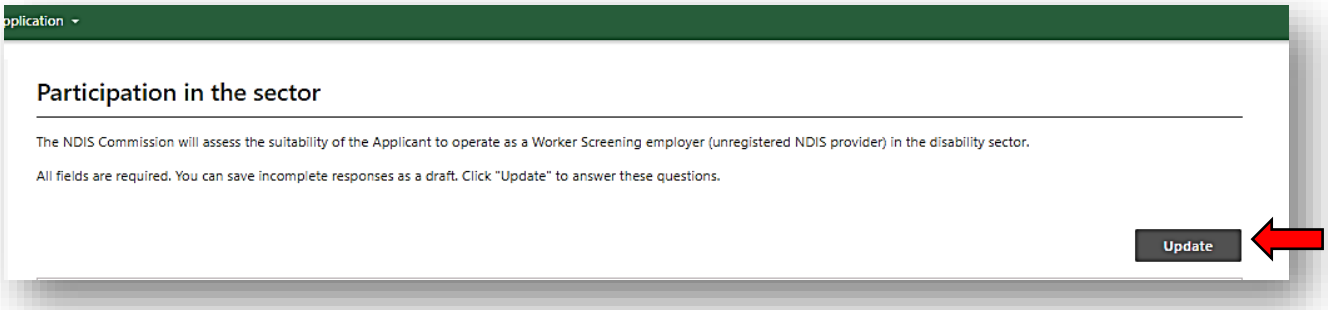
18. Ensure you read and understand the declaration before proceeding. Provide the **same email address** that you have been using for **Digital ID** and in the **application**. Then click **I agree and continue.**



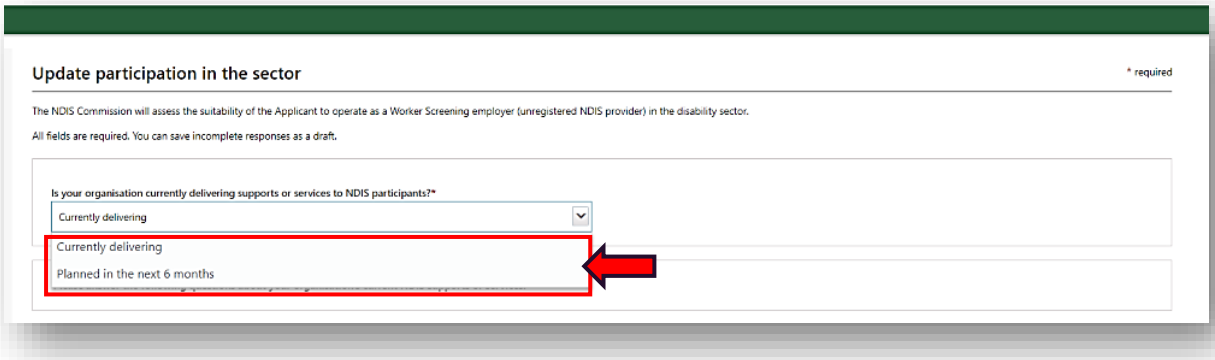
19. On the left-hand side of the screen, there are **6 sections** that require your attention. The orange dots let you see the part of the form that requires action before you can proceed to the next page. Once you have completed a section, you can select **Mark as complete and continue** and proceed to the next step. This will provide you with a green tick indicating that this section is complete. You can also select **Save as draft** to return to the application at a later time.
Please note: *The following* ***Organisation details*** *section is already pre-populated with information sourced from the* ***Australian Business Register.***



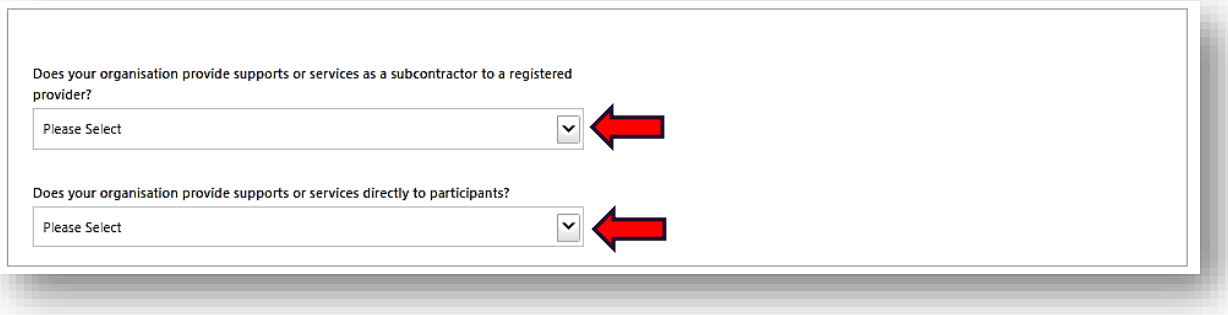
20. To complete the **Participation in the sector page**, you will first need to click **Update** to start the process.



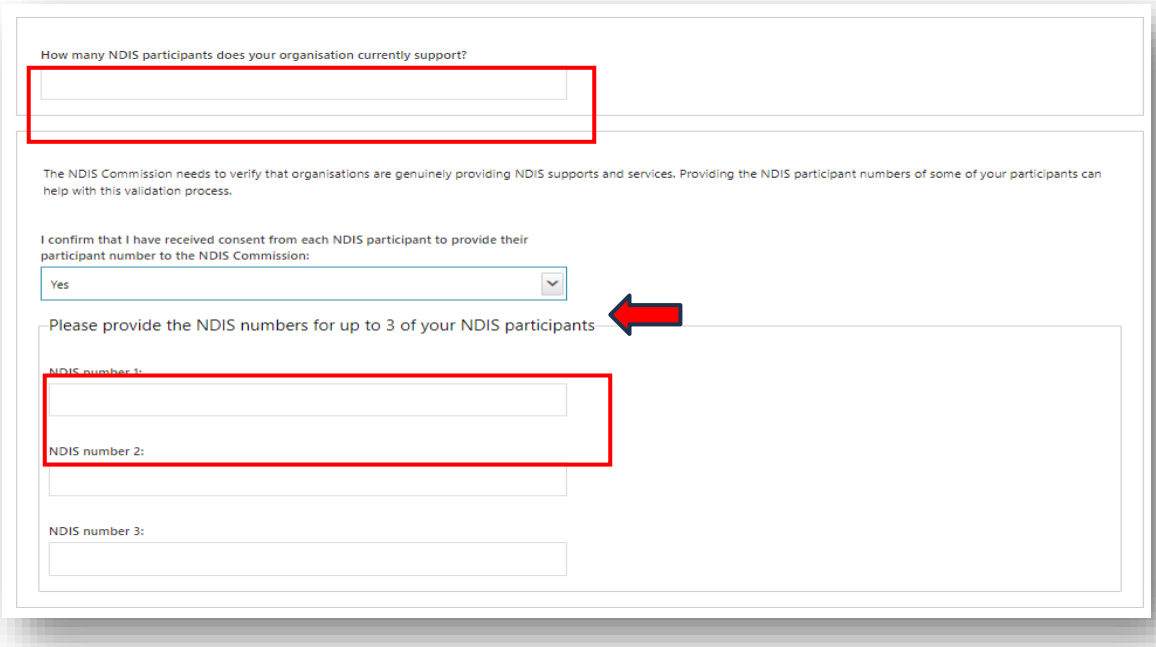
21. Select whether you are **Currently delivering** services or supports to NDIS participants or **Planned in the next 6 months.**



22. If you answered **Currently delivering** in the previous step, you will then need to answer the following questions. If you answered **Planned in the next 6 months** these questions will **not** appear for you.



23. If you answer **Yes** to **Does your organisation provide supports or services directly to participants?** You will need to provide the **NDIS numbers** of up to 3 of your **NDIS participants**.



Please ensure that you have **consent** from each **NDIS participant**. If you answered **No** these questions will **not** appear for you.

24. Please complete the following questions, selecting all that apply to your organisation. Response to these questions is required for all applications. Once completed select **Mark as complete and continue**

Please Note: You need to be a **Registered Provider** to provide the following Supports and Services:

- Behaviour Support
- Plan Management
- Restricted Practices
- Specialised Disability Accommodation

What are the age groups of the NDIS participants that your organisation supports? Please select all that apply.

- [ ] 0 - 6 years
- [ ] 7 - 16 years
- [ ] 17 - 65 years
- [ ] Over 65 years

What are the primary disabilities for the NDIS participant groups that your organisation will provide supports or services for? Please select all that apply.

- [ ] Acquired brain injury
- [ ] Aged Care
- [ ] Autism
- [ ] Dementia
- [ ] Intellectual disability
- [ ] Mental health
- [ ] Physical disability including sensory disability
- [ ] Spinal injury
- [ ] Ventilator dependent

What types of NDIS supports or services will your organisation deliver? Please select all that apply.

- [ ] Allied health supports and services
- [ ] Assistance animals
- [ ] Assistance with and development of daily living life skills
- [ ] Assistance with travel/transport arrangements
- [ ] Assistive products, technology and equipment
- [ ] Behaviour Support: A registered plan for restrictive practices to address behaviours of concern.
- [ ] Coordination of supports and services
- [ ] Early childhood supports
- [ ] Group and centre based activities, including day activities
- [ ] Hearing services
- [ ] Home modification design and construction
- [ ] Interpreting and translation
- [ ] Participation in Community and social activities
- [ ] Plan Management
- [ ] Restrictive Practice: Practice restricting rights/ freedom of movement of a person with disability.
- [ ] Specialised Disability Accommodation
- [ ] Specialised driver training
- [ ] Supported employment and education
- [ ] Vehicle modifications
- [ ] None of the above

What types of additional services will your organisation deliver? Please select all that apply.

- [ ] Advocacy services
- [ ] Education provider (RTOs, TAFE, University)
- [ ] Recruitment (Agency labour hire)
- [ ] None of the above

Where will your organisation deliver NDIS supports or services? Please select all that apply.

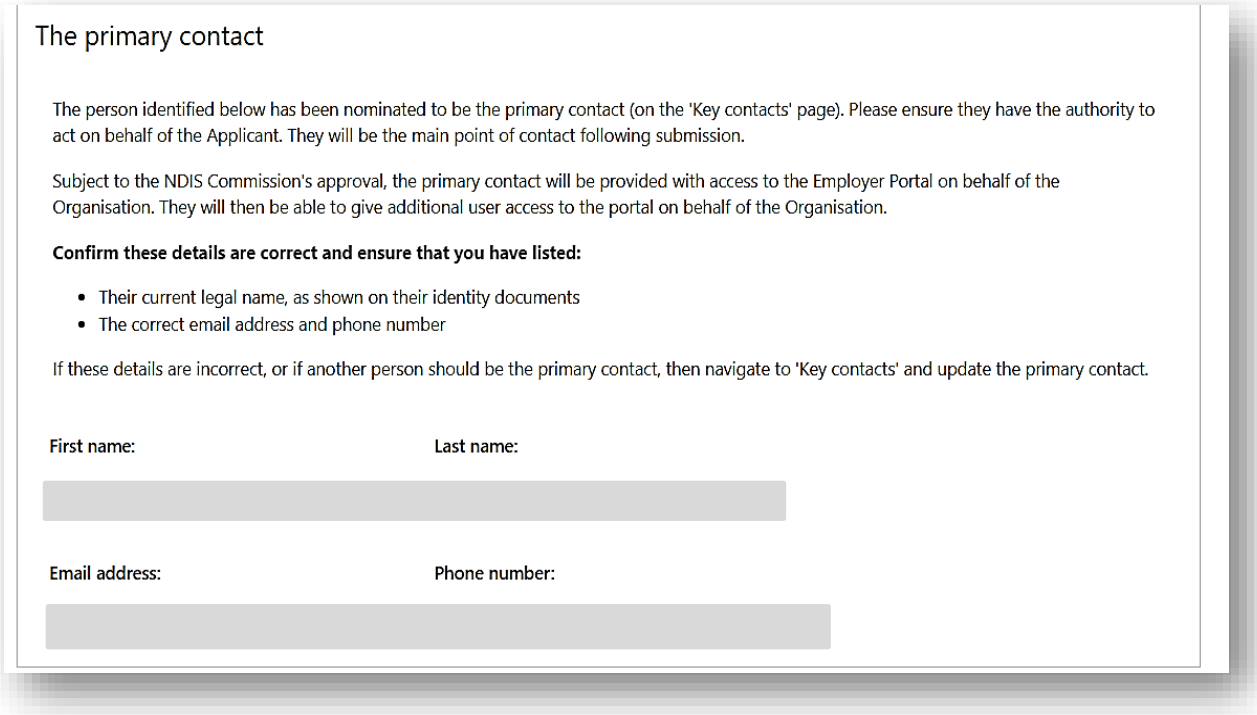
- [ ] Australian Capital Territory
- [ ] New South Wales
- [ ] Northern Territory
- [ ] Queensland
- [ ] South Australia
- [ ] Tasmania
- [ ] Victoria
- [ ] Western Australia

Does your organisation deliver services in other sectors? Please select all that apply.

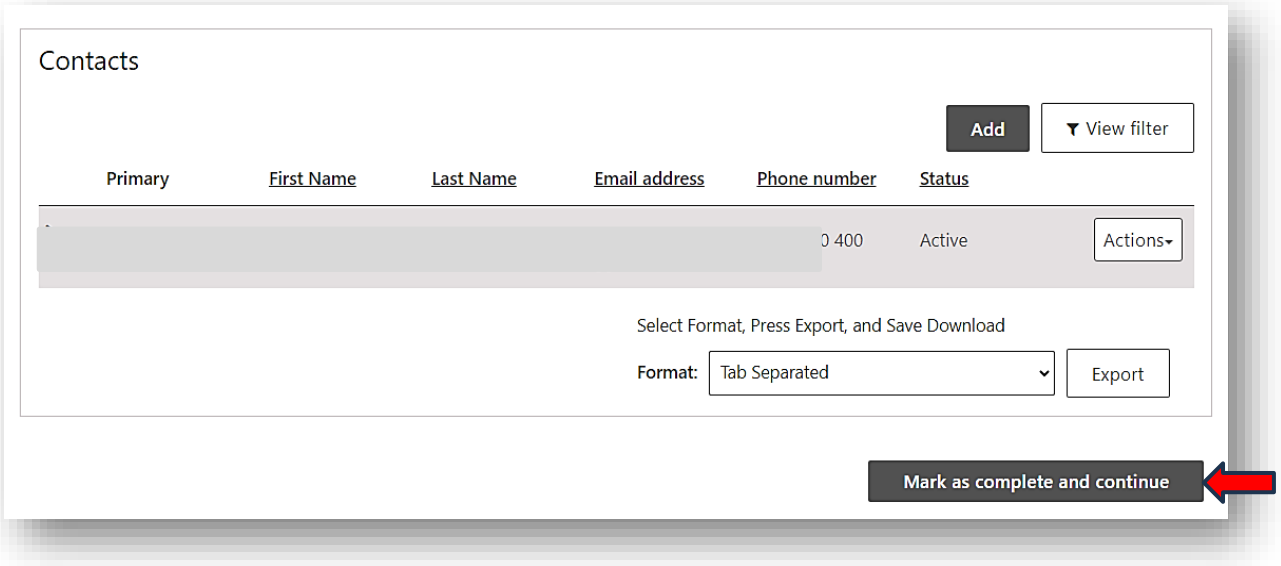
- [ ] Veterans
- [ ] Aged Care
- [ ] Child Care
- [ ] None of the above

25. Ensure the **address provided** is **correct**, if no changes are required, please **Mark as complete and continue.** If the information is **incorrect**, please select **add** and provide the correct address.
*Your previous address will automatically be made **inactive***

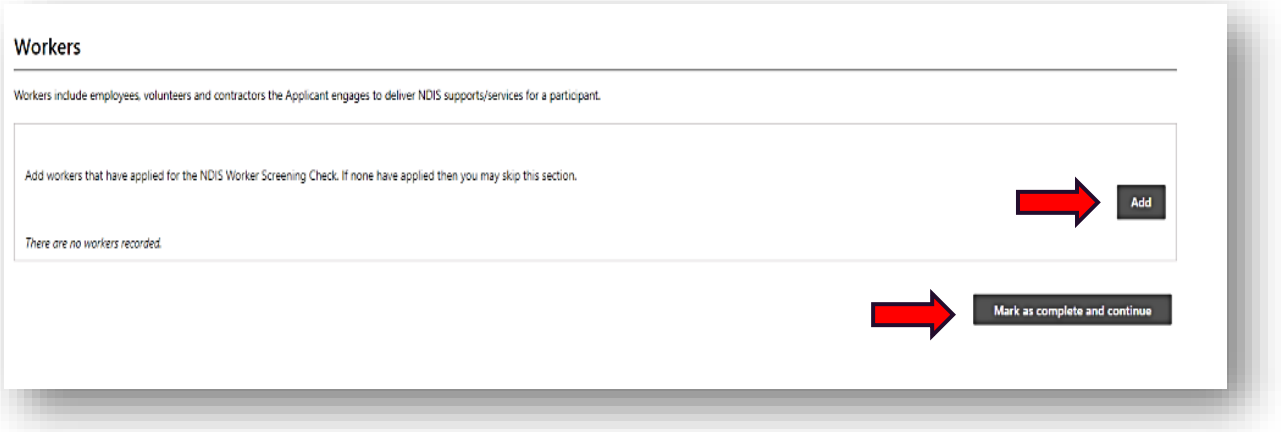
26. Please **add** details of those who will have access to the **Database** (NWSD). It will include yourself as the **Primary contact** (the owner of the **PRODA** account, being used for this **application.)**



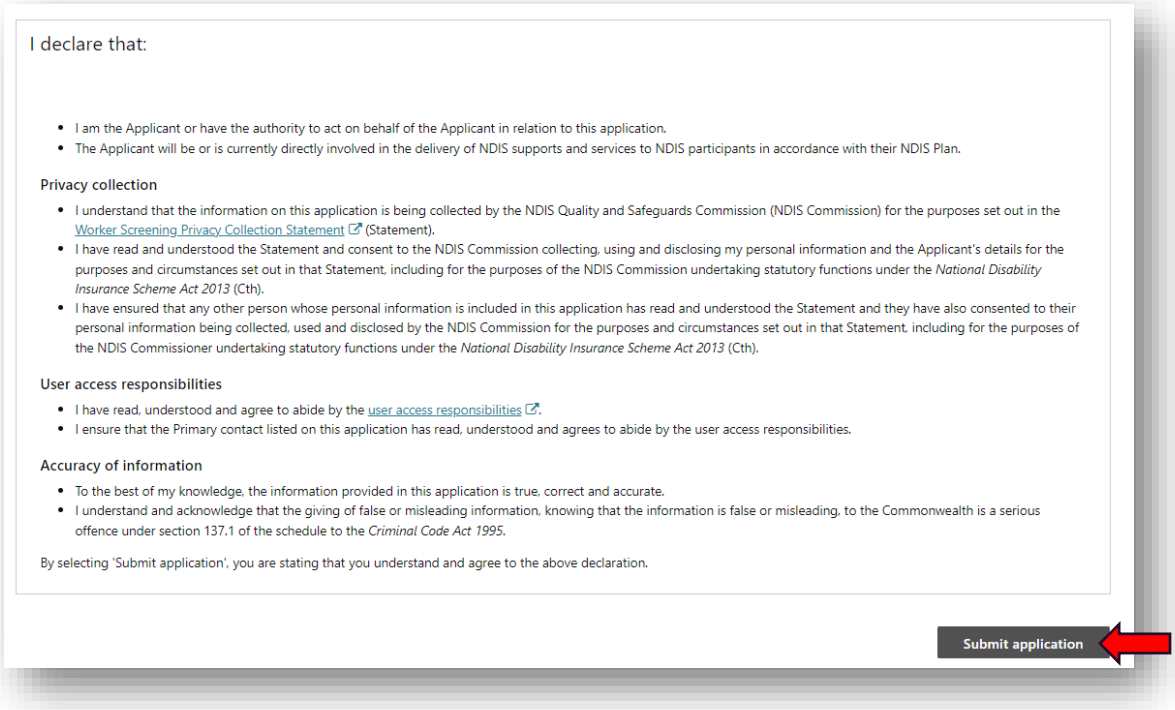
27. You can add **key contacts**, who are trusted persons within your organisation.
The persons listed here are nominated contact persons that the **NDIS Commission** can speak with regarding the Database Profile/application, or other important matters if appropriate.
Click **Save and Return** > **Mark as complete and continue**



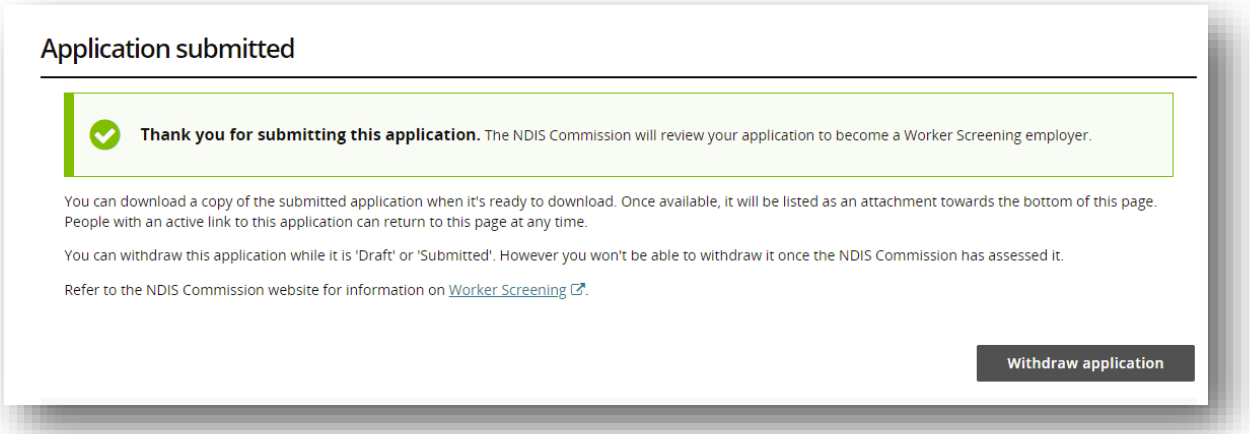
28. If you have a worker who already have a NDIS Worker Screening Check, you can add them in this section. Click **Add** > enter the worker's information > **Mark as complete.**
*Please **do not** fill in the Worker Screening Section unless you have a worker whom you wish to add, that has already provided you their Worker Screening ID.*



29. **Declaration**
    - Ensure that the **email address** and **phone number** you provided are correct before **submitting.**
    - Please take a note of the **Application Reference Number (4-XXXXXXX) in the top left corner of the screen before submitting.**
    - If you have any further questions, please quote the **Reference number** or alternatively your **ABN** in any emails you send to the **NDIS Commission**
    - **Submit** the application.



30. Your application has now been **submitted** for assessment. If your application is successful, you will be notified by email to confirm and inform you of the next steps. If we identify an issue with your application, we will contact you by email.



If you no longer wish to continue with your application, you can select ***Withdraw application***