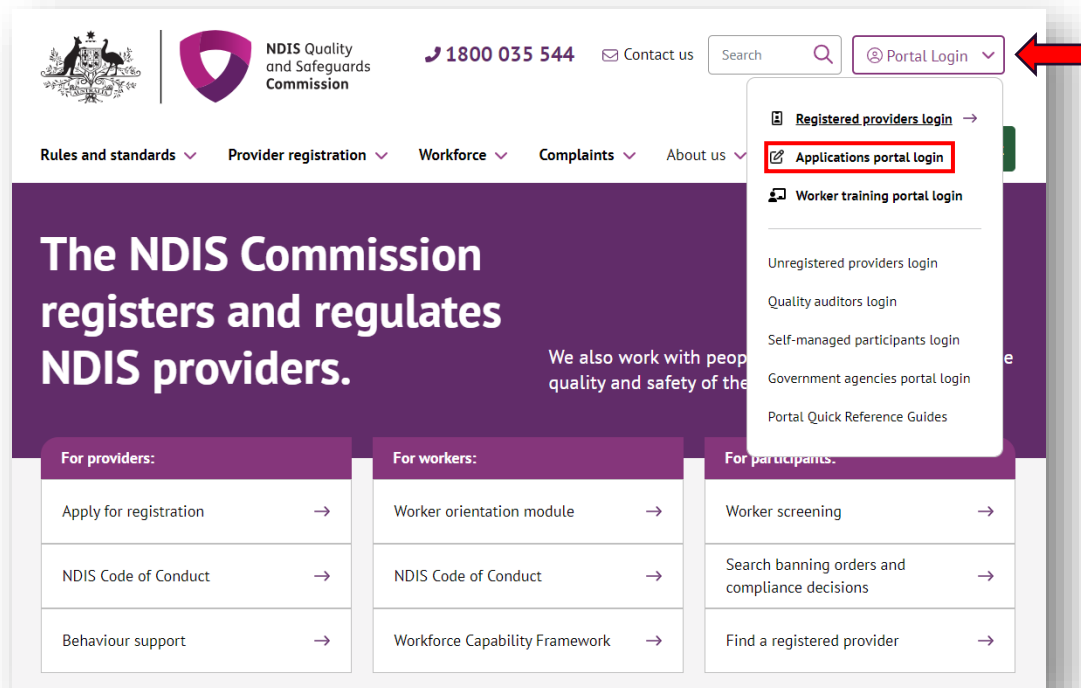
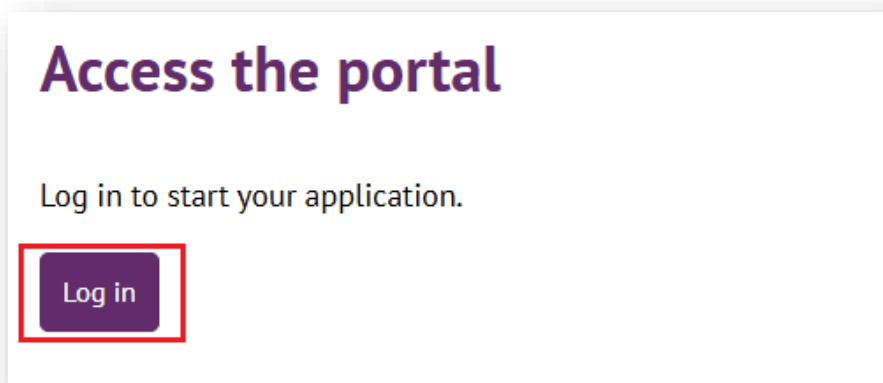


Apply for access to the Database: Unregistered Providers



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**

  **NDIS Quality and Safeguards Commission**

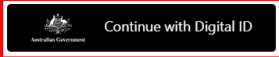
Application Portal

Login

Start the application

Login to apply to become:

- a registered NDIS provider
- an NDIS behaviour support practitioner
- a worker screening employer (organisation)


 **Continue with Digital ID**

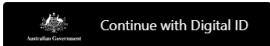
[Digital ID](#) is a secure, convenient and voluntary way to verify and reuse your ID online.

Don't have Digital ID? [Set up Digital ID](#) or [continue with PRODA](#)

Self-Managed Participant


Login to apply to become a worker screening employer (Self-Managed Participant)

 **Login with PRODA**


 **Continue with Digital ID**

[Digital ID](#) is a secure, convenient and voluntary way to verify and reuse your ID online.

5. Click **Select myID**


 **Australia's Digital ID System**

Select your identity provider



 You may need to [increase the strength of your digital ID](#)

NDIS Quality and Safeguards Commission needs you to prove who you are using a Digital ID.

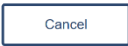
Read about [what is an identity provider](#) and [your privacy and security](#).

 **myID**
Managed by Australian Government

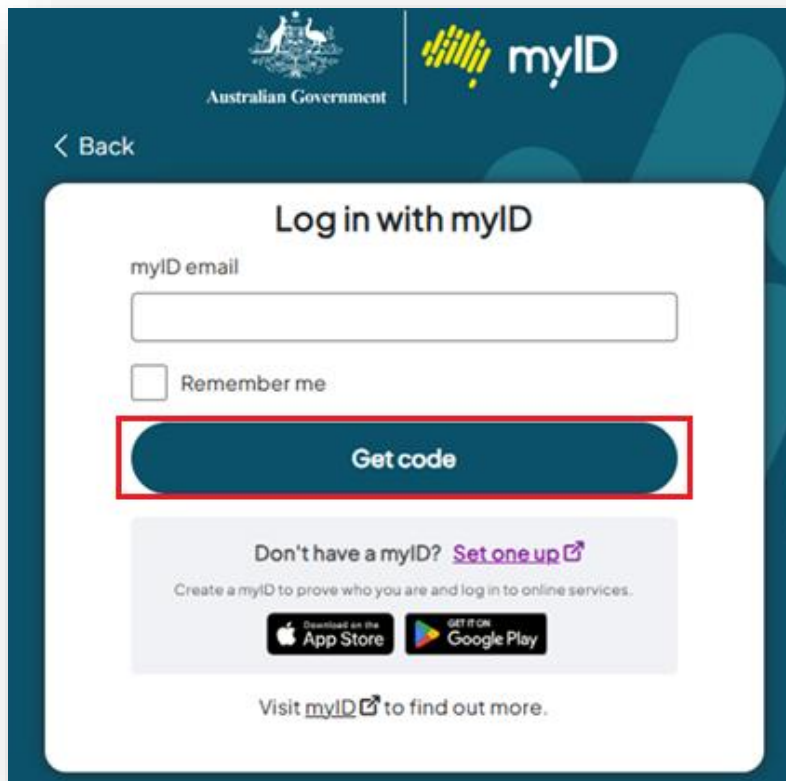
You'll need these to get started

-  iOS or Android device
-  Two identity documents
- ☐ Remember my choice
(Not recommended for shared devices)

 **Select myID >**

 **Cancel**

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



The screenshot shows the myID login interface. At the top, there is the Australian Government crest and the myID logo. Below this is a 'Back' button. The main heading is 'Log in with myID'. Underneath, there is a text input field for 'myID email'. Below the input field is a checkbox labeled 'Remember me'. A red rectangular box highlights the 'Get code' button. Below the button, there is a section for users who don't have a myID, with a link to 'Set one up' and instructions to create a myID. At the bottom, there are links to download the app from the App Store and Google Play, and a link to visit myID for more information.

Australian Government | myID

< Back

Log in with myID

myID email

☐ Remember me

Get code

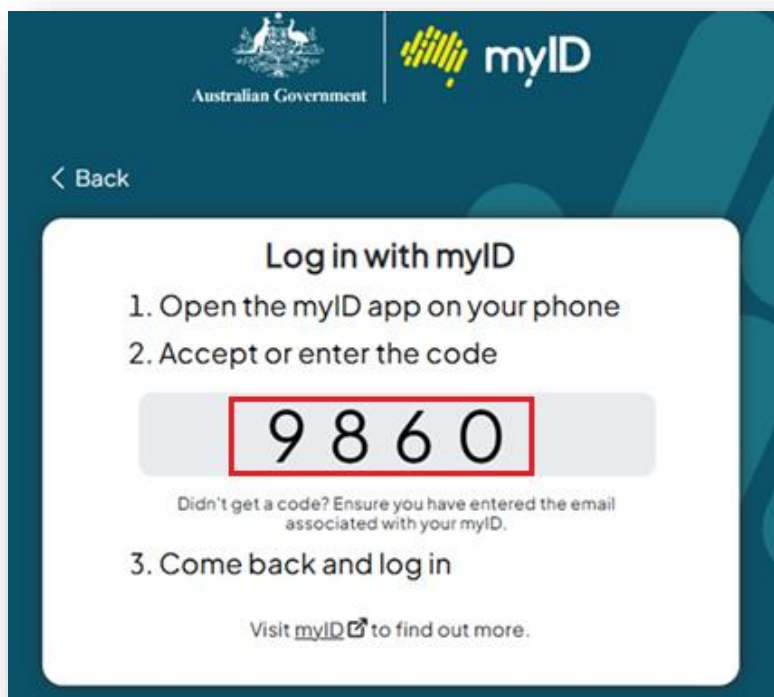
Don't have a myID? [Set one up](#)

Create a myID to prove who you are and log in to online services.

Download on the App Store | GET IT ON Google Play

Visit [myID](#) to find out more.

7. A code will be generated.



The screenshot shows the myID code generation interface. At the top, there is the Australian Government crest and the myID logo. Below this is a 'Back' button. The main heading is 'Log in with myID'. Underneath, there are two numbered steps: '1. Open the myID app on your phone' and '2. Accept or enter the code'. Below these steps, a red rectangular box highlights the generated code '9860'. Below the code, there is a message: 'Didn't get a code? Ensure you have entered the email associated with your myID.' Below this, there is a third step: '3. Come back and log in'. At the bottom, there is a link to visit myID for more information.

Australian Government | myID

< Back

Log in with myID

1. Open the myID app on your phone

2. Accept or enter the code

9860



Didn't get a code? Ensure you have entered the email associated with your myID.

3. Come back and log in

Visit [myID](#) to find out more.

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**.



NDIS Quality
and Safeguards
Commission

Logging on to the Applications Portal

You are now entering the Applications Portal.

Information contained on this system is subject to the *Privacy Act 1988*. Any unauthorised use or disclosure of information contained on this system may be a breach of the *Privacy Act 1988*. The information may also be "protected Commission information" under the *National Disability Insurance Scheme Act 2013*. Protected Commission information includes information that is held by the Commission about a person. An example of protected Commission information is information about a worker on the NDIS Worker Screening Database. Unauthorised use and disclosure of protected Commission information is a criminal offence under the *National Disability Insurance Scheme Act 2013*.



It is a criminal offence for unauthorised persons or devices to connect to this system. Usage of this system is monitored. Evidence of suspected misuse may be used in a court of law. By continuing, you are representing yourself as an authorised user of the Applications Portal.

You are advised that giving false or misleading information to the Commonwealth is a serious offence under section 137.1 of the *Criminal Code Act 1995* (Cth).

By entering the Applications Portal, you are also agreeing to only access, use or disclose information contained on Applications Portal to the extent that this is necessary for you to undertake your functions and responsibilities in connection with the *National Disability Insurance Scheme Act 2013*. The NDIS Commission may revoke Applications Portal access rights for anyone who fails to comply with these requirements.

[Exit application](#) 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.



NDIS Quality
and Safeguards
Commission

Notifications ⁰ Logout

Home Registration application Worker Screening application

Welcome to the Applications Portal,

New application to be registered as an NDIS Provider

Number of draft applications: 0

Apply to become a Worker Screening employer

Number of draft applications: 1

Apply to become an NDIS Behaviour Support Practitioner

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.

Home Registration application Worker Screening application

Apply to become a Worker Screening employer

This is not an application for an NDIS Worker Screening Check. If you are a worker, to apply for an NDIS Worker Screening Check contact the [relevant state or territory agency](#).

The NDIS Worker Screening Check is a national check that can be used to screen a person who works or seeks to work with NDIS Participants. The NDIS Worker Screening Check will assess whether the person poses an unacceptable risk to people with disability. It is an important tool that can be used to support recruitment, selection and screening processes.

A **Worker Screening employer** is an Organisation or NDIS Participant in the disability sector that engages a worker's services.

By becoming a Worker Screening employer:

- Your workers will be able to nominate the Organisation or NDIS Participant as an employer when they apply for the NDIS Worker Screening Check
- You will be able to verify whether these workers currently work or intend to work for you (verifying a worker progresses their application to be screened)
- You will be able to link to your workers to view their current Worker Screening status and eligibility to work with people with disability.

Start an application to become a Worker Screening employer, if you are an:

- NDIS Participant or their representative
- Authorised representative of an Organisation in the disability sector.

If an application has already been started or completed, then you may link to the application.

Note for Registered NDIS Providers: Registered NDIS Providers are automatically considered Worker Screening employers and won't need to complete this application. People authorised to represent a Registered NDIS Provider can login to the [NDIS Commission Portal](#) to access Worker Screening functionality on behalf of their Organisation. You should logout of this portal before logging into the NDIS Commission Portal.

Things to consider for this application:

- Applications you start or link to will be listed below so you can access them later.
- Each time you open the application the expiry date will be extended by 60 days from today's date. Ensure you submit this application by the expiry date otherwise it may be deleted.

Information on Worker Screening and becoming a Worker Screening employer can be found on the [NDIS Commission website](#).

Start new application Link to application

NDIS Quality and Safeguards Commission

Notifications Logout

Home Registration application Worker Screening application

Start new application * required

Apply to become a Worker Screening employer, if you are an:

- NDIS Participant or their representative
- An authorised representative of an 'Organisation' in the disability sector.

Start an application for an:*

Organisation NDIS Participant

[Discard changes and return](#) Continue

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.

Start new application * required

Apply to become a Worker Screening employer, if you are an:

- 'NDIS Participant' or their representative
- An authorised representative of an 'Organisation' in the disability sector.

Start an application for an:*

Organisation NDIS Participant

Is your organisation currently delivering supports or services to NDIS participants?*

Please Select

Currently delivering

Planned in the next 6 months

Not within the next 6 months

Continue

1800 035 544 [Support](#) [Feedback](#)

[Accessibility](#) | [Copyright & Disclaimer](#) | [Privacy information](#)

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.

Applicant details * required

For the purpose of this application, the 'Applicant' is the Organisation. If the application is approved, the Organisation will become a Worker Screening employer.

Firstly, enter the organisation's ABN and Party type then select 'Prefill' to load the organisation's information below.

Australian Business Number (ABN):*

Party type:*

Please Select

Prefill

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**.

Organisation business name

Select a registered business name from the list or you may enter a different business name. If you do enter a different business name it may result in a delay in processing your application, as we will contact you to request documentation that confirms the alternate business name is associated with your ABN.

[Registered business name](#)

☐ Fabulously Flawless

[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.

Business contact details

Email address:*

Phone number:*

Fax number:

Email address is a required field. Please enter a value for the field.

Website:

[Discard changes and return](#) [Continue](#)

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**.

Entering the application * required

Initial declaration

I declare:

- I am the Applicant or have the authority to act on behalf of the NDIS Participant or Organisation for this application.
- I acknowledge that I will be linked to this application.
- I acknowledge the application will be available from the 'Apply to become a Worker Screening employer' page.
- I acknowledge that my name and email address will be recorded on the application.
- My agreement to the [Worker Screening Privacy Collection Statement](#) which is available on the NDIS Commission website.
- I acknowledge that the NDIS Quality and Safeguards Commission (NDIS Commission) may revoke system or application access rights for anyone who fails to comply with the [user access responsibilities](#)

By selecting 'I agree and continue', you are stating that you understand and agree to the above declaration. You will then be linked to the application.

If you disagree with this declaration, then you will not receive access or be linked to the application. Any information entered will be discarded.

My work email address:*

[Back](#) [I disagree and discard](#) [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**.

Worker Screening application

Application reference number: 4-HKFNCA
Application status: Draft
ABN: 76891036903
Business name: Ms Jacqueline Ann Herring
Expiry date: 09/10/2022
Application type: Provider Worker Screening

Application details

- Application information
- Organisation details **Complete** ✓
- Participation in the sector **Available** ●
- Address **Available** ●
- Key contacts **Available** ●
- Workers **Available** ●

Application information

How to complete this application

For the purpose of this application, the 'Applicant' is considered the Organisation. If the application is approved, the Organisation will become a Worker Screening employer.

Ensure you submit this application by the expiry date otherwise it may be deleted. You can return to this application any time during this period. Each time you open this application the expiry date will be extended by 60 days from today's date.

- Use the left navigation menu as a guide of progress.
- You can access this page as well as any 'Available' and 'Completed' pages in the left navigation.
- Complete any 'Available' sections. Once you've completed a section and confirmed the information provided is true, correct and accurate, mark it as complete and continue to the next page.

You will be able to submit this application once you have completed all the relevant pages. Please be aware that your application is considered a draft until it is completed and submitted. After submission, you will be able to download a copy of your completed application.

You can withdraw this application while it is 'Draft' or 'Submitted'. However you won't be able to withdraw it once the NDIS Commission has assessed it.

Withdraw application

Application created date: dd/mm/yyyy hh:mm
10/08/2022 01:56:42 PM

Application expiry date: dd/mm/yyyy
09/10/2022

Sharing this application

Provide the below details to anyone who requires access and needs to edit this application.

ABN: 76891036903

Application reference number: 4-HKFNCA

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

application ▾

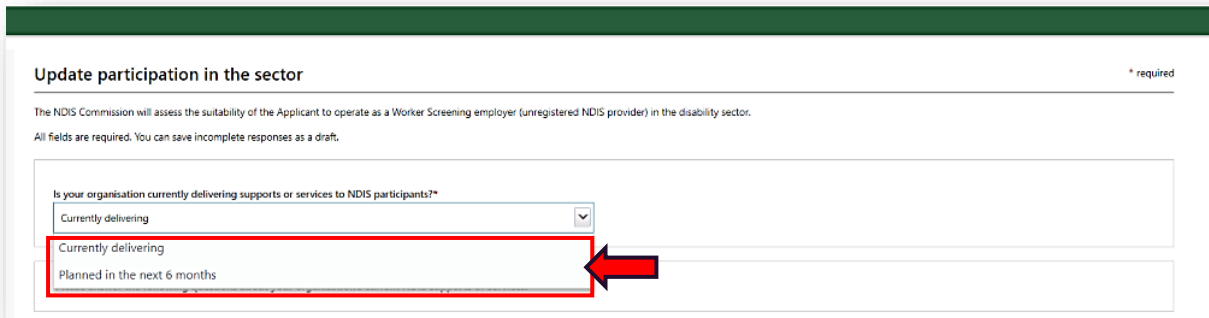
Participation in the sector

The NDIS Commission will assess the suitability of the Applicant to operate as a Worker Screening employer (unregistered NDIS provider) in the disability sector.

All fields are required. You can save incomplete responses as a draft. Click "Update" to answer these questions.

Update

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



Update participation in the sector * required

The NDIS Commission will assess the suitability of the Applicant to operate as a Worker Screening employer (unregistered NDIS provider) in the disability sector.
All fields are required. You can save incomplete responses as a draft.

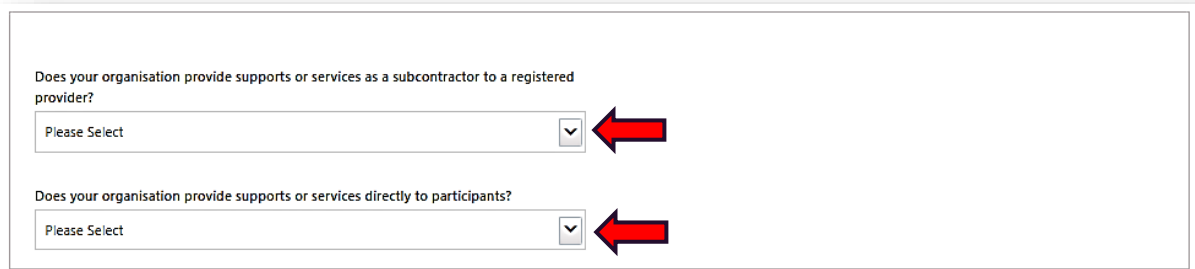
Is your organisation currently delivering supports or services to NDIS participants?*

Currently delivering

Currently delivering

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.



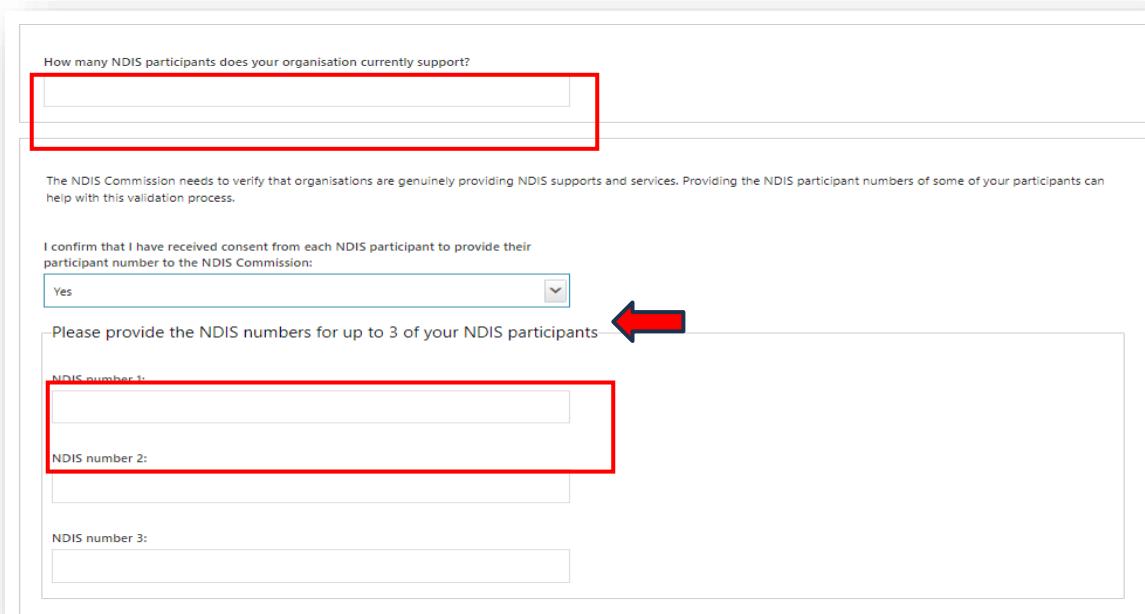
Does your organisation provide supports or services as a subcontractor to a registered provider?

Please Select

Does your organisation provide supports or services directly to participants?

Please Select

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**.



How many NDIS participants does your organisation currently support?

The NDIS Commission needs to verify that organisations are genuinely providing NDIS supports and services. Providing the NDIS participant numbers of some of your participants can help with this validation process.

I confirm that I have received consent from each NDIS participant to provide their participant number to the NDIS Commission:

Yes

Please provide the NDIS numbers for up to 3 of your NDIS participants-

NDIS number 1:

NDIS number 2:

NDIS number 3:

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***

Address

Add the Organisation's current physical address. Pending approval of this application, certain address details will be visible to employees who seek access to the NDIS Worker Screening Database on behalf of the Organisation. This includes the state/territory and postcode of the Active address provided.

Address	Address type	Status	Start date	End date
<div><div></div><div></div></div>				

 **Add**

 **Mark as complete and continue**

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**.)

The primary contact

The person identified below has been nominated to be the primary contact (on the 'Key contacts' page). Please ensure they have the authority to act on behalf of the Applicant. They will be the main point of contact following submission.

Subject to the NDIS Commission's approval, the primary contact will be provided with access to the Employer Portal on behalf of the Organisation. They will then be able to give additional user access to the portal on behalf of the Organisation.

Confirm these details are correct and ensure that you have listed:

- Their current legal name, as shown on their identity documents
- The correct email address and phone number

If these details are incorrect, or if another person should be the primary contact, then navigate to 'Key contacts' and update the primary contact.

First name:

Last name:

Email address:

Phone number:

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**

Contacts

Add **View filter**

Primary	First Name	Last Name	Email address	Phone number	Status	
				0 400	Active	Actions

Select Format, Press Export, and Save Download

Format: **Tab Separated** **Export**

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.*

Workers

Workers include employees, volunteers and contractors the Applicant engages to deliver NDIS supports/services for a participant.

Add workers that have applied for the NDIS Worker Screening Check. If none have applied then you may skip this section.

Add

There are no workers recorded.

Mark as complete and continue

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.

I declare that:

- I am the Applicant or have the authority to act on behalf of the Applicant in relation to this application.
- The Applicant will be or is currently directly involved in the delivery of NDIS supports and services to NDIS participants in accordance with their NDIS Plan.

Privacy collection

- I understand that the information on this application is being collected by the NDIS Quality and Safeguards Commission (NDIS Commission) for the purposes set out in the [Worker Screening Privacy Collection Statement](#) (Statement).
- I have read and understood the Statement and consent to the NDIS Commission collecting, using and disclosing my personal information and the Applicant's details for the purposes and circumstances set out in that Statement, including for the purposes of the NDIS Commission undertaking statutory functions under the *National Disability Insurance Scheme Act 2013* (Cth).
- I have ensured that any other person whose personal information is included in this application has read and understood the Statement and they have also consented to their personal information being collected, used and disclosed by the NDIS Commission for the purposes and circumstances set out in that Statement, including for the purposes of the NDIS Commissioner undertaking statutory functions under the *National Disability Insurance Scheme Act 2013* (Cth).

User access responsibilities

- I have read, understood and agree to abide by the [user access responsibilities](#).
- I ensure that the Primary contact listed on this application has read, understood and agrees to abide by the user access responsibilities.

Accuracy of information

- To the best of my knowledge, the information provided in this application is true, correct and accurate.
- I understand and acknowledge that the giving of false or misleading information, knowing that the information is false or misleading, to the Commonwealth is a serious offence under section 137.1 of the schedule to the *Criminal Code Act 1995*.

By selecting 'Submit application', you are stating that you understand and agree to the above declaration.

Submit 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.

Application submitted



Thank you for submitting this application. The NDIS Commission will review your application to become a Worker Screening employer.

You can download a copy of the submitted application when it's ready to download. Once available, it will be listed as an attachment towards the bottom of this page. People with an active link to this application can return to this page at any time.

You can withdraw this application while it is 'Draft' or 'Submitted'. However you won't be able to withdraw it once the NDIS Commission has assessed it.

Refer to the NDIS Commission website for information on [Worker Screening](#).

Withdraw application

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