



Submit an Application for Registration (Part 2)

Use this guide to complete Part 2 of your provider registration application.

Before you get started

- Make sure you are logged in to the **new NDIS Provider Portal** using **myID**. You will need access permissions to submit registration applications. If you haven't yet logged in, follow the instructions on our [Registered Providers Portal login page](#).
- Make sure you have completed Part 1 of your provider registration application as per the instructions in [Submit an application for registration \(part 1\)](#).
- At any step, if you do not have all the information available, you can use the **Save as draft** feature at the bottom of each page and come back to your drafts later to complete the lodgement.

Step 1: Start assessment

1. Open the application and click **Start Part 2**.

Application details

Application reference number
BLA-0000002770

Status: Draft Type: New Registration Business name: [REDACTED] ABN: [REDACTED]

Withdraw application **Start Part 2** (indicated by a red arrow)

Application Details Provider Details Workforce Service Locations Audit Details Attachments

Application reference number BLA-0000002770	Application type New Registration
Submitted date 10/09/2026	Submitted by Patsy Provider
Date created 10/09/2026	Created by Patsy Provider
Auditor Pending nomination	Decision Not yet submitted
Status Draft	Sub-Status Application Part 2 - Ready to be commenced by Applicant

2. Carefully read all the instructions and requirements, then click **Start assessment**.

Your application has been automatically saved

Step 1

Part 2 of provider registration application

The applicant and all members of its key personnel are responsible for the content of this registration application. If you've used a consultant, consultancy service, advice service, or purchased policies to assist you with your application, the NDIS Commission expects that:

- The applicant and members of its key personnel:
 - were substantially involved in preparing the application and associated documents
 - understand what has submitted and can explain the content if required
 - can demonstrate the suitability of the applicant to deliver NDIS supports and services and not rely on the expertise of the consultancy or advice service
- The application is an accurate representation of the applicant and key personnel
- The responses in the application are specific to the applicant and are not a direct copy of purchased documents
- The application and supporting documents accurately set out the applicant complies with NDIS provider responsibilities, and
- The policies provided accurately reflect how the applicant will deliver NDIS supports and services.

The reliance on consultants and advice services that provide the same or very similar information and advice to multiple providers may indicate a lack of understanding on behalf of the applicant and its key personnel of the relevant NDIS Practice Standards and associated documents. Providing the same or similar information in your application may subvert the quality audit process and suitability assessment functions of the NDIS Commission. This increases the risk that your application includes false or misleading information, and your application may be refused.

Providing false or misleading information in connection with an application for registration is a contravention of section 73D of the *National Disability Insurance Scheme Act 2013* (NDIS Act) punishable by civil penalty. It may also be a criminal offence under section 137.1 of the *Criminal Code Act 1995* (Criminal Code).

File Upload Instructions
Please upload all the required documents to support your registration application. Make sure your documents are clearly labelled and relate to the registration you're applying for.
For clear file names, include:

- Organisation name
- "KP" (if required as an identifier)
- Purpose of file
- Date or version number

Example: ABC_SmithA_Declaration_20260228

Important Information
Documents must be complete, current, and easy to read. Upload each document as a separate file. Do not include special characters in file names. Incomplete, incorrectly named, or unclear documents may delay assessment of your application.

File Requirements
Accepted file formats: DOC, DOCX, JPEG, JPG, MSG, PDF, PNG, XLS, XLSX, TXT
Maximum file size: 100 MB

Steps

1. Start assessment
2. Service Profile
3. Service Locations
4. Self-assessment against NDIS Practice Standards
5. Declaration & Submit

 [Start application](#)

Step 2: Service profile

1. Select any specific service and support categories your organisation intends to provide (such as medication management or complex care).
2. Select **Yes** or **No** for "Are you an approved Residential Aged Care provider?".
3. Type in the **Number of NDIS participants** you currently provide supports or services for (enter "0" if you are a new provider).
4. Type in the **Number of workers you currently employ or engage to deliver NDIS supports or services**.
5. Select the categories of disability for **What kind of NDIS participants does your organisation support?**.
6. Select the age groups for **What kind of age groups does your organisation support?**.

7. Click Next step.

Your application has been automatically saved

Step 2

Service Profile

The Service Profile provides the NDIS Commission with an overview of the applicant's current and intended operations. The information you provide here will help the NDIS Commission understand the type, scale, and scope of services the applicant delivers or intends to deliver under the NDIS.

What You Need to Provide

1. Types of Services and Supports
Select the services and supports the applicant intends to provide as a registered NDIS provider. Ensure this aligns with the applicant's workforce capability and business structure. Only nominate supports the applicant is equipped and prepared to deliver.

2. Number of NDIS Participants
Indicate the number of NDIS participants the applicant currently provides NDIS supports or services to, if any. If the applicant not yet delivering NDIS supports or services and therefore has no clients, indicate "0".

3. Number of Workers
Provide the total number of workers (including employees, contractors, and volunteers) who will be involved in delivering NDIS supports and services. Include both frontline support staff and supervisory/management staff responsible for service delivery.

4. Participant Categories (Disability Types)
Identify the categories of disability the applicant currently supports or intends to support and/or provide services to (e.g. psychosocial disability, intellectual disability, physical disability, sensory disability, neurological conditions, autism spectrum disorder).

5. Participant Age Groups
Specify the age groups of NDIS participants the applicant supports or intends to support (e.g. children 0–6, children 7–18, adults 18–65, older participants 65+).

Important Guidance

Be accurate and realistic when describing the applicant's scope of services. Overstating the applicant's capability may result in increased audit requirements or delays.
The information provided here must reflect the applicant's current operations (if applicable) and intended services under the NDIS. This profile, combined with your chosen registration groups, will be used to determine the level of assessment and compliance requirements for your application.

Further Guidance

For detailed information on supports, registration groups, and provider obligations, refer to: [Registration groups or classes of support](#)

Which service and support categories does your organisation intend to provide?

Select the services and supports the applicant intends to provide as a registered NDIS provider. Ensure this aligns with your organisation's qualifications, workforce capability, and business structure. Only nominate supports you are equipped and prepared to deliver.

Add Intended Support Categories

* Is the applicant an approved Residential Aged Care Provider?

☐ Yes ☐ No

* Number of NDIS participants the applicant currently provides supports or services to (including as an unregistered NDIS provider):

2

Indicate the number of NDIS participants the applicant currently provides NDIS supports or services to, if any. If the applicant is not yet delivering NDIS supports or services and therefore has no clients, indicate "0".

* Number of workers the applicant currently employs or engages to deliver NDIS supports or services:

3

* What kind of NDIS participants does the applicant support? (Tick all that apply)

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

Identify the categories of disability the applicant currently supports or intends to support and/or provide services to (e.g. psychosocial disability, intellectual disability, physical disability, sensory disability, neurological conditions, autism spectrum disorder).

* What age groups does the applicant support or provide services to? (Tick all that apply)

☐ 0 - 6 years
☐ 7 - 16 years
☐ 17 - 65 years
☐ Over 65 Years

Specify the age groups of NDIS participants the applicant supports or intends to support or provide services to (e.g. children 0–6, children 7–18, adults 18–65, older participants 65+).

Save as draft

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Step 3: Service locations

Add outlets:

1. Click + Add New Outlet.

Your application has been automatically saved

Step 3

Service locations

On this page, you must provide details of the applicant's service locations, being both outlets and sites.

Outlets

Outlets are the primary places of business or main locations where the applicant delivers or intends to deliver NDIS supports or services. This includes your principal place of business, head offices, major offices or main service hubs. An outlet may serve multiple participant groups and cover a broad service area.

Important note: With your consent, outlet information may be available to NDIS participants and the public on the Provider Register published on the NDIS Commission website and the Provider Finder published by the NDIA. You must not include residential home details (including specialised disability accommodation addresses) of NDIS participants in your outlet list.

Sites

Sites are additional locations from which the applicant delivers or intends to deliver NDIS supports or services. These may include branch offices, therapy rooms, residential service houses, day program locations, residential homes (including SDA addresses) or community hubs. Sites are usually smaller, service-specific locations that may or may not be connected to an outlet.

Important note: The collection of this information is for the purposes only of the NDIS Commission and approved quality auditor's functions and will not be made public.

Important Guidance

Ensure all locations listed are accurate, up to date, and correspond with your ABN/ASIC/ACNC registration details where relevant. Distinguish clearly between outlets (main centres) and sites (secondary or service-specific locations). If unsure whether a location should be listed, it is advisable to be on the side of caution and include it – failing to declare outlets and sites may delay your application.

Provide and manage your Outlets information here

Add outlets

[+ Add New Outlet](#)

Search for Outlet

Name	Address	Type	Phone Number	Email	Address Hidden?
NO RECORDS TO DISPLAY					

Provide and manage your Outlets information here

Add sites

[+ Add sites](#)

Save as draft

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2. Type in the **Outlet name**, **Address**, **Outlet Type** (mobile or physical), **Email address for Outlet**, indicate whether Outlet address should be hidden, and **Phone Number**.
3. Click **Add State** and enter in the **State/Territory**, select the relevant **Local Government Area(s)** supported.
4. Click **Save**.

This includes your principal place of business, head office, major offices or main service hubs. An outlet may serve multiple participant groups and cover a broad service area.

Important note: With your consent, outlet information may be available to NDIS participants and the public on the Provider Register published on the NDIS Commission website.

Do you consent to information about this outlet being publicly available?
Yes

*Phone Number
0412345678

Add State

Select State
NEW SOUTH WALES

Selected LGAs:
Blue Mountains X Canada Bay X Sydney X

Select All

Search LGAs

☐ Albury	☐ Armidale	☐ Ballina
☐ Balranald	☐ Bathurst	☐ Bayside (NSW)
☐ Bega Valley	☐ Bellingen	☐ Berrigan
☐ Blacktown	☐ Bland	☐ Blayney
☒ Blue Mountains	☐ Bogan	☐ Bourke
☐ Brewarrina	☐ Broken Hill	☐ Burwood
☐ Byron	☐ Cabonne	☐ Camden
☐ Campbelltown (NSW)	☒ Canada Bay	☐ CanterburyBankstown
☐ Carrathool	☐ Central Coast (NSW)	☐ Central Darling
☐ Cessnock	☐ Clarence Valley	☐ Cobar
☐ Coffs Harbour	☐ Coolamon	☐ Coonamble
☐ CootamundraGundagai	☐ Cowra	☐ Cumberland
☐ Dubbo	☐ Dungog	☐ Edward River
☐ Eurobodalla	☐ Fairfield	☐ Federation
☐ Forbes	☐ Georges River	☐ Gilgandra
☐ Glen Innes Severn	☐ Goulburn Mulwaree	☐ Greater Hume
☐ Griffith	☐ Gunnedah	☐ Gwydir

Save Cancel

Save as draft < Previous step Next step >

5. Select the **Support and services** that will be delivered at this outlet.
6. Click **Save**.



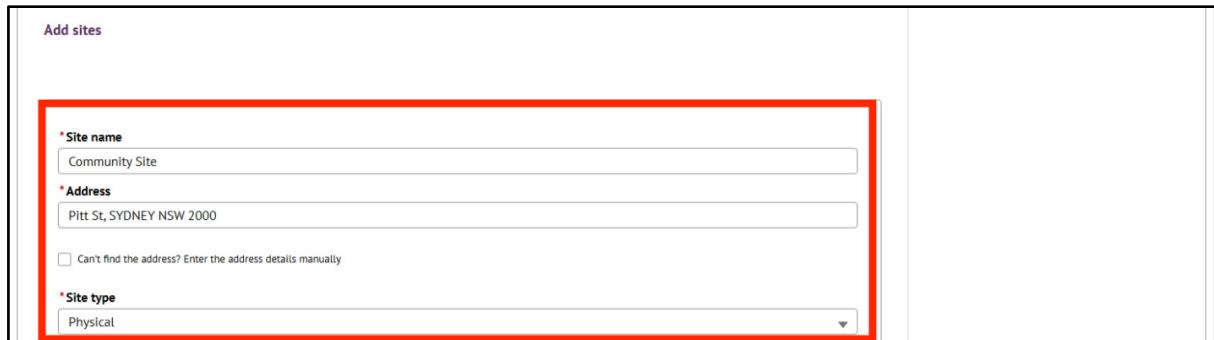
Add sites

 Add sites

Save as draft

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2. Type in the **Site name**, **Address** and **Site type**.



Add sites

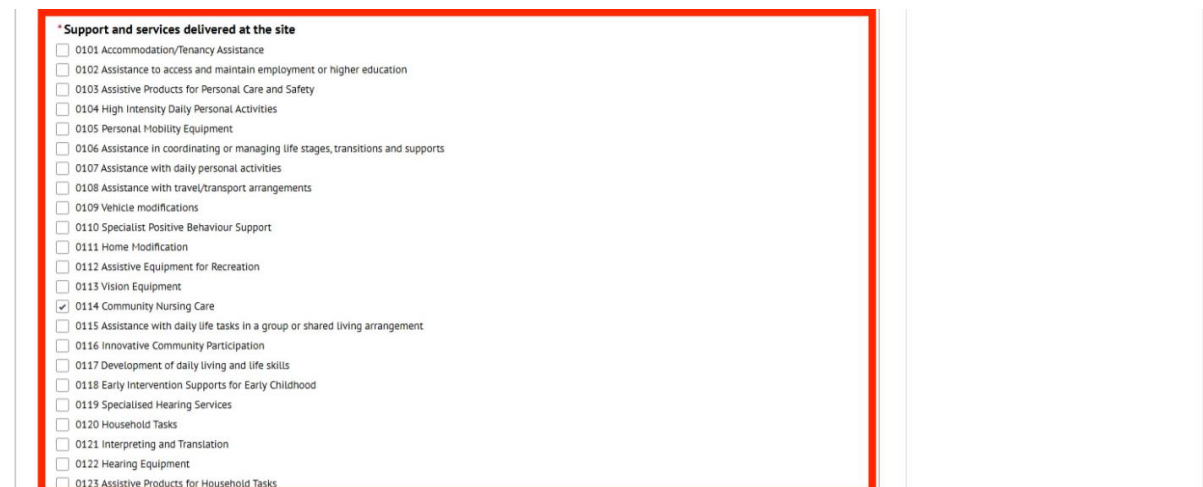
***Site name**
Community Site

***Address**
Pitt St, SYDNEY NSW 2000

☐ Can't find the address? Enter the address details manually

***Site type**
Physical

3. Select the **Support and services delivered at the site**.



***Support and services delivered at the site**

- ☐ 0101 Accommodation/Tenancy Assistance
- ☐ 0102 Assistance to access and maintain employment or higher education
- ☐ 0103 Assistive Products for Personal Care and Safety
- ☐ 0104 High Intensity Daily Personal Activities
- ☐ 0105 Personal Mobility Equipment
- ☐ 0106 Assistance in coordinating or managing life stages, transitions and supports
- ☐ 0107 Assistance with daily personal activities
- ☐ 0108 Assistance with travel/transport arrangements
- ☐ 0109 Vehicle modifications
- ☐ 0110 Specialist Positive Behaviour Support
- ☐ 0111 Home Modification
- ☐ 0112 Assistive Equipment for Recreation
- ☐ 0113 Vision Equipment
- ☒ 0114 Community Nursing Care
- ☐ 0115 Assistance with daily life tasks in a group or shared living arrangement
- ☐ 0116 Innovative Community Participation
- ☐ 0117 Development of daily living and life skills
- ☐ 0118 Early Intervention Supports for Early Childhood
- ☐ 0119 Specialised Hearing Services
- ☐ 0120 Household Tasks
- ☐ 0121 Interpreting and Translation
- ☐ 0122 Hearing Equipment
- ☐ 0123 Assistive Products for Household Tasks

4. Type in the **number of NDIS participants to whom you deliver the class at this site**.

5. Click **Save**.

6. Click **+ Add**. Add more sites if needed.

8. Click **Next step**.

0134 Hearing Services
0135 Customised Prosthetics
0136 Group and Centre Based Activities
0137 NDIS Digital Platform
0138 Supported Independent Living

*** Provide the number of NDIS participants at this site**

4

Cancel Save

+ Add sites

Save as draft

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Step 4: Self-assessment

1. Respond to the self-assessment questions for your selected NDIS support categories by clicking **View** for a module.

Your application has been automatically saved

Step 4

Self-assessment against NDIS Practice Standards

The NDIS Practice Standards specify the quality standards that need to be met by registered NDIS providers delivering NDIS supports and services.

The Standards are broken down into modules that include:

- a **core module** that applies to all registered NDIS providers delivering one or more higher risk classes of supports and services
- **supplementary modules** that apply depending on the types of NDIS supports and services being delivered.
- a **verification module** that applies to all registered NDIS providers delivering lower risk supports and services only.

Each module has:

- **Outcomes:** high-level and participant-focused
- **Quality indicators:** that auditors use to assess compliance with the NDIS Practice Standards and which indicate how providers may demonstrate compliance.

In this section, the modules and outcomes will be listed based on the registrations groups selected in Part 1 of the application.

You are required to complete a self-assessment against the applicable NDIS Practice Standards for each outcome including providing evidence to support any comments.

You must upload all supporting documents (e.g. procedures, templates, agreements) to be reviewed by your auditor.

File Upload Instructions

1. Clearly label document in naming format: OrganisationName_KeyPersonnelName_DocumentType_DateofAttachment
2. Accepted file formats: DOC, DOCX, JPEG, JPG, MSG, PDF, PNG, XLS, XLSX, TXT
3. Maximum file size: 100 MB

Module Name	Number of Outcomes	Module Status	
Core Module	0/22	In Progress	View
Certification			
Module 2A	0/8	In Progress	View
Implementing Behaviour Support Plans			

Please complete all modules before proceeding

Save as draft

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2. **Open** each outcome name and respond to the questions.

Your application has been automatically saved

Step5

Declaration and Submit

You are now completing Part 2 of the NDIS Provider Registration Application.

Important Guidance:
By submitting this declaration, you confirm that the information provided in Part 2 of the application is true, complete, and accurate to the best of your knowledge.

Failure to provide accurate or complete information may result in delays, requests for clarification, or refusal to progress your application.

What You Need to Do

- Carefully review all information entered in Part 2 before submitting.
- Read the declaration statements in full to ensure you understand your obligations.
- Confirm that you are authorised to make this declaration on behalf of the applicant.
- Once satisfied, tick the acknowledgement box and click Submit Application to finalise Part 2.

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The following declaration is provided for completion:

- ☒ I have attached all relevant supporting documentation
- ☒ I have completed all applicable sections of this application
- ☒ I understand that the NDIS Commission is collecting this information for purposes of administering the National Disability Insurance Scheme Act 2013 (Cth) (NDIS Act) and NDIS Rules.
- ☒ I am an authorised key personnel of the applicant and I have authority to act on behalf of the applicant in making an application for registration
- ☒ To my best of my knowledge, the information provided in this application is true, correct and accurate.
- ☒ I have read and understand obligations of registered NDIS Providers to comply with conditions of registration under the NDIS Act and as detailed on the NDIS Quality and Safeguards Commission website.
- ☒ I understand and acknowledge that providing information or a document in, or in connection with, an application for registration that I know to be false or misleading in a material particular is a contravention of section 73D of the NDIS Act, for which there is a civil penalty of up to 60 penalty units.
- ☒ I understand my obligations to ensure all claims meet the requirements set out in the NDIS Act and NDIS rules. I will provide certified copies of documents, records or evidence to support claims as requested by the National Disability Insurance Agency.
- ☒ I have read and understood the Privacy Collection Statement and consent to the NDIS Commission collecting, using and disclosing my person information for the purposes and in the circumstances set out in Privacy Collection Statement, including for the purposes of the NDIS Commissioner undertaking statutory functions under the National Disability Insurance Scheme Act 2013 (Cth) (the NDIS Act)

*** Signatory (key personnel)**

Patsy Provider

*** Date of declaration Date of birth (Enter in DD/MM/YYYY or use date picker)**

10/09/2026

Save as draft < Previous step **Submit**

3. Record the lodgement details shown on the confirmation page for your records.

Part 2 is complete. You can now link with an auditor to complete your registration audit.