



# Plan Review Request Form

A **Plan Review** is a process in which the NDIA performs a re-assessment of a participant's support needs and prepares a new plan on behalf of the participant (section 48).

A Plan Review can take place:

- as part of the planning cycle (a Scheduled Plan Review); or
- at any time, on the initiative of the NDIA (an Unscheduled Plan Review); or
- at any time, where a participant requests a review and the NDIA decides to conduct a review of the participant's plan (an Unscheduled Plan Review).

You can request an Unscheduled Plan Review at any time by filling out this form and returning it to: NDIA, GPO Box 700, Canberra, ACT 2601.

**Note:** you can change your participant statement of goals and aspirations at any time. You do not need to complete this form to change your participant statement.

An **Internal Review**, is a separate process by which an NDIA staff member, known as an internal reviewer, reviews a decision made by another NDIA staff member. If you disagree with a decision about the supports in your plan, use the review of a decision form to request an internal review within three months of the decision date.

## Participant Details

<b>Name</b>	
<b>NDIS number</b>	
<b>Local NDIS office</b>	

I am seeking an Unscheduled Plan Review (please complete the rest of this form).

I am seeking an Internal Review of the decision to approve the participant's plan because I disagree with the decision (please use [Review of a Decision](#) form instead of this form).

See information above on Plan Reviews and Internal Reviews. If you require further information, please refer to the Operational Guidelines [Reviewing and changing a participant's plan](#) and [Review of decisions](#).

**Review request** - Please use the table below to record information to support your request.

<p>Please explain any changes to your life which you feel affect your plan</p>	
<p>Please advise us of any new information you feel is relevant to your plan (attach copies of any relevant documents).</p>	
<p>Please explain why you think your existing plan needs to change.</p>	

The National Disability Insurance Agency (NDIA) will decide whether or not to review your plan within 14 days of receiving this form, and you will be notified of the decision in writing.

**Please tick the following boxes before signing this form.**

- I understand the NDIA does not have to agree to review my plan. If this happens, I will be advised of the decision reason/s and my rights to seeking an internal review.
- I confirm the information I have provided above is true and correct.
- I understand if the NDIA agrees to review my plan it does not guarantee my funded plan supports will increase.

**Participant or Nominee signature**

<b>Participant or Nominee signature</b>	
<b>Participant or Nominee name</b>	
<b>Date</b>	

**Parent, legal guardian or representative**

Only complete Part B if you are completing this form on behalf of a person under 18 years, for whom you have **parental responsibility**, or a person from whom you are a **legal guardian** or **representative**. You may need to provide information to confirm you are authorised to represent the participant.

<b>Name</b>	
<b>Signature</b>	
<b>Relationship to participant (e.g. parent, relative, guardian, nominee)</b>	