

## Section one: Application type

**Organisational Member**  
Not-for-profit and for-profit disability service providers

**Organisational Associate**  
Sole trader disability service providers and government agencies

## Section two: Organisation details

Please complete the Head Office details for your organisation:

Organisation Name:		
ABN:		
Postal Address:		
Suburb/City:	State:	Postcode:

Street address same as postal?

Street Address:		
Suburb/City:	State:	Postcode:

Phone:	Number of Staff (FTE*):
Website:	

\* If your organisation is not solely disability, please add number of disability-related staff. To calculate FTEs, add together the total hours worked by all full-time, part-time and long term casual employees in a week and divide by 38.

Tell us about your organisation:

### States you operate in

ACT
  NSW
  NT
  QLD
  SA
  TAS
  VIC
  WA
  ALL

## Disability Types serviced by your Organisation

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Acquired Brain Injury  | <input type="checkbox"/> Autism (includes Asperger's syndrome) | <input type="checkbox"/> Vision (sensory)        |
| <input type="checkbox"/> Deaf-Blind (dual sensory)  | <input type="checkbox"/> Intellectual (includes Down Syndrome) | <input type="checkbox"/> Physical                |
| <input type="checkbox"/> Hearing (sensory)  | <input type="checkbox"/> Speech (sensory)                      | <input type="checkbox"/> Psychosocial            |
| <input type="checkbox"/> Neurological (includes epilepsy and Alzheimer's Disease)                             |  | <input type="checkbox"/> Other or not Classified |
| <input type="checkbox"/> Specific learning / Attention Deficit Disorder (other than intellectual)             |  |  |
| <input type="checkbox"/> Developmental delay (applies to 0-5 year olds only, where no other category applies) |  |  |

## Services provided:

- Accommodation, Housing
  - Advocacy, Information Services
  - Aids and Equipment, Assistive Technology
  - Assistance in the Home (personal care, daily life tasks, household tasks, nursing care)
  - Community Access/Social Participation
  - Employment - Open (DMS, ESS, JSA)
  - Employment - Other (NDIS services, Transition to Work)
  - Employment - Supported (ADEs), Social Enterprises
  - Modification Services (home modifications, vehicle modifications)
  - Peak Body
  - Plan Management
  - Respite
  - Support Coordination
  - Therapeutic & Psychology (assessment, therapy, early intervention, behaviour support)
  - Transport
  - Other Support (research and evaluation, other):
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Approx number of clients: \_\_\_\_\_

Do you provide services to Children, Young People & Their Families: Yes/No

Are you registered with the NDIS Commission: Yes/No

## Section three: Financial information

Organisation's last reported total annual income: \$ \_\_\_\_\_

Please complete the following three questions only if the purpose of your organisation is not solely related to disability.

What is your organisation's disability related income? \$ \_\_\_\_\_

Please provide detail as to how this was calculated:

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What other services (non-disability related) do you provide?

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I have attached a copy of my income statement (required for all applications)

#### Section four: Contact details

Please enter the details for your organisations **Main Contact** – typically your CEO, General Manager. This person will be NDS's contact for all official communications with your organisation.

Title (Mr, Mrs, Ms, Mx, etc):	
First Name:	
Last Name:	
Email:	
Position:	
Direct Phone:	Mobile:

Members can also nominate an **Administrator**. This person can add staff to our database and renew the membership (the Main Contact can also do this). They are usually the CEO's Executive Assistant or the Office Manager.

Title (Mr, Mrs, Ms, Mx, etc):
First Name:
Last Name:
Email:
Position:

#### Section five: How did you hear about us?

- Previously a member       Attended webinar/conference/event
- Word of mouth       Search engine
- News/Media/Article       Recommended by colleague/other
- Other \_\_\_\_\_

## Section six: Declaration

By signing and submitting this application, you agree to the below declarations. A completed declaration is required for all applications.

I acknowledge the following:

- NDS's Objects as stated in the Constitution
- NDS's Statement of Principles for Service Providers

*Please note: these documents can be viewed at [www.nds.org.au/about](http://www.nds.org.au/about)*

I confirm that:

- The nominated income accurately reflects the organisation's income
- I have attached a copy of my organisation's financial statement which clearly states income for the previous financial year.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date:    /    /

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**Please return your completed application to:**

Email: [membership@nds.org.au](mailto:membership@nds.org.au)

A tax invoice will be sent upon receipt of a completed application form.

**Questions?** Call the Membership Team on 02 6283 3205.

Ensuring that privacy and confidentiality are protected is central to National Disability Services operations. NDS's privacy policy can be viewed on the NDS website.