










Easy Read - Opt-Out

Do you want to take part in our NDIS Audit?

The following information has been explained to me (check yes or no):

<input type="checkbox"/> Yes <input type="checkbox"/> No	 <p>I know the NDIS checks on my provider to make sure they are doing the right things. (This is called an audit)</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	 <p>I understand the person who does the NDIS check is called an auditor.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	 <p>I understand the auditor might want to talk to me about the supports/services I receive from the provider.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	 <p>I understand the auditor only wants to ask a few questions about my provider.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	 <p>The provider wants me to tell the auditor the truth and if I am happy or unhappy with their services/supports.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	 <p>I understand everything I tell the auditor will be treated privately.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	 <p>I have been told the date of the audit.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	 <p>I agree to take part in the NDIS Audit.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	 <p>I do not want to take part in the Audit. I want to opt out.</p>

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Client's/Advocate's Name: _____

Signature: _____

Date: _____

Worker's Name: _____

Role: _____

Signature: _____

Date: _____