NDS Membership Application Form

# **Contact details**

Please add the Head Office details for your organisation:

|  |  |
| --- | --- |
| Organisation Name: |  |
| ABN: |  |
| FTE\*: |  |
| Postal Address: |  |
| Suburb/City: |  |
| State: |  |
| Postcode: |  |

Street address same as postal? Yes / No

|  |  |
| --- | --- |
| Street Address: |  |
| Suburb/City: |  |
| State: |  |
| Postcode: |  |

|  |  |
| --- | --- |
| Phone: |  |
| Website: |  |

\*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.

# **Contact people**

|  |  |
| --- | --- |
| Main Contact: | Add in Name, Position, Phone and Email address |
| Administrator: | Add in Name, Position, Phone and Email address |

# **Organisation information**

**Tell us about your organisation:**

|  |
| --- |
|  |

**Select the States/Territories you operate in:**

* ACT
* NSW
* NT
* QLD
* SA
* TAS
* VIC
* WA
* ALL

**Select all the Disability Types serviced by your Organisation:**

* All
* Acquired Brain Injury
* Autism (includes Asperger’s syndrome)
* Vision (sensory)
* Deaf-Blind (dual sensory)
* Intellectual (includes Down Syndrome)
* Physical
* Hearing (sensory)
* Speech (sensory)
* Psychosocial
* Neurological (includes epilepsy and Alzheimer’s Disease)
* Specific learning / Attention Deficit Disorder (other than intellectual)
* Developmental delay (applies to 0-5 year olds only, where no other category applies)
* Other or not classified

**Services - please enter the number of clients for each service provided:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisational services** | **Number of clients** | **Organisational services** | **Number of clients** |
| Accommodation, Housing |  | Advocacy, Information Services |  |
| Therapeutic & Psychology (assessment, therapy, early intervention, behaviour support) |  | 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) |  | Aids and Equipment, Assistive Technology |  |
| Plan Management |  | Respite |  |
| Support Coordination |  | Peak Body |  |

Other Support (research and evaluation, other innovative supports, other):

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

Are you registered with the NDIS Commission: Yes / No

# **Financial details**

What was the Organisation's last reported **total annual income**: $

What is the organisation’s **disability related income**? $

*All income from all sources that relates to disability services and clients with disability.*

Please provide detail as to how this was calculated:

I have attached a copy of my financial statement: Yes/No

# **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 (please specify):

# **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:

**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.