

Section one: Application type

Organisational Member
Not-for-profit organisations in the disability field

Organisational Associate
For-profit disability service providers and government organisations

Section two: Organisation details

Please complete the Head Office details for your organisation:

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

Street address same as postal?

Street Address:		
Suburb/City:	State:	Postcode:

Phone:	Fax:
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.

Tell us about your organisation:

States you operate in

ACT NSW NT QLD SA TAS VIC WA ALL

Disability Types serviced by your Organisation

- Acquired Brain Injury
- Deaf-Blind (dual sensory)
- Hearing (sensory)
- 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)
- Autism (includes Asperger’s syndrome)
- Intellectual (includes Down Syndrome)
- Speech (sensory)
- Vision (sensory)
- Physical
- Psychosocial
- Other or not Classified

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

Organisational services	# of clients	Organisational services	# 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, transport services, other):			

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

Are you registered for the NDIS: 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:

What other services do you provide?

I have attached a copy of my income statement

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, 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, etc):
First Name:
Last Name:
Email:
Position:

From time to time NDS contracts an independent third party to conduct research that will further NDS’s mission. For example, the Business Confidence Survey (www.cadr.org.au) is conducted on our behalf by sector leaders in order to gauge how the sector is managing change.

Should you not wish for your details to be disclosed, please indicate below.

Opt out

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.

Section five: How did you hear about us?

- | | |
|--|--|
| <input type="checkbox"/> Previously a member | <input type="checkbox"/> Attended webinar/conference/event |
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Search engine |
| <input type="checkbox"/> News/Media/Article | <input type="checkbox"/> Recommended by colleague/other |
| <input type="checkbox"/> 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

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

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

Questions? Call the Membership Team on 02 6283 3205.