**Change of Details or Change of Situation Form**

**Part A: Participant Details**

**Full Name:**  
…………………………………………………………………………………

**Date of Birth (DD/MM/YYYY):**  
…………………………………………………………………………………

**NDIS Number:**  
…………………………………………………………………………………

**Preferred Contact Details (Phone/Email):**  
…………………………………………………………………………………

**Part B: Third Party Details (if applicable)**

*Only complete if you're filling this form on behalf of the participant and have the required consent or authority.*

**Full Name:**  
…………………………………………………………………………………

**Date of Birth (DD/MM/YYYY):**  
…………………………………………………………………………………

**Phone Number:**  
…………………………………………………………………………………

**Relationship to Participant (e.g. nominee, carer):**  
…………………………………………………………………………………

**Part C: Reason for Request (Tick all that apply)**

☐ My contact details have changed – complete **Part D**  
☐ My plan has an error – complete **Part E**  
☐ I want to change my plan reassessment date – complete **Part F**  
☐ I want to change how the funding in my plan is managed – complete **Part G**  
☐ My situation has changed – complete **Part H**

**Part D: New Contact Details (if applicable)**

**New Address:**  
…………………………………………………………………………………

**New Phone Number:**  
…………………………………………………………………………………

**New Email:**  
…………………………………………………………………………………

☐ Permanent Change ☐ Temporary Change  
**Start Date:** ………………… **End Date (if temporary):** …………………

**Part E: Plan Error (if applicable)**

**Describe the error in your current plan:**  
…………………………………………………………………………………

**Part F: Change of Plan Reassessment Date (if applicable)**

☐ Extend reassessment date ☐ Shorten reassessment date  
**Reason for the change:**  
…………………………………………………………………………………

**Part G: Change to Funding Management (if applicable)**

**I want the following supports managed by:**  
☐ Registered Plan Manager –  
☐ All Supports  
☐ Specific Supports: ………………………………………………

☐ Self-Managed –  
☐ All Supports  
☐ Specific Supports: ………………………………………………

☐ NDIA (Agency) Managed –  
☐ All Supports  
☐ Specific Supports: ………………………………………………

**Part H: Change in Situation (if applicable)**

☐ Small change in situation  
☐ Large change in situation  
☐ I need urgent support changes

**Plan change type requested:**  
☐ Plan Variation  
☐ Plan Reassessment  
☐ Not sure

**Describe what has changed:**  
…………………………………………………………………………………

**Why your current funded supports no longer meet your needs:**  
…………………………………………………………………………………

**What additional supports are you requesting?**  
…………………………………………………………………………………

☐ Yes, I have attached supporting documents (e.g. assessments, reports)  
☐ No additional documents

**Start Date of Change:** …………………  
**Expected Duration of Change:**  
☐ Under 1 month  
☐ Under 3 months  
☐ Under 6 months  
☐ Permanent

**Part I: Declaration**

I confirm the information provided is true and correct. I understand that giving false or misleading information is a serious offence.

**Full Name:**  
…………………………………………………………………………………

**Signature:**  
…………………………………………………………………………………

**Date:**  
…………………………………………………………………………………