# Submission Form - NDIS Act (Bill No 2) Quality and Safeguarding Measures

**Name:**

**Date and time submitted:**

**How do you identify (participant, worker, provider:)**

**Organisation name (if applicable) :**

## Key Questions

We want to hear from you, including your views on the questions set out below.

### Penalty framework and statutory requirements – to ensure a fit-for-purpose penalties and offences framework to deter people doing the wrong thing

We have proposed the following questions to consider in your response.

1. Do you support the two new proposed statutory duties for NDIS providers and their key personnel?
2. Do you think the proposed new statutory duties for NDIS providers and their key personnel should be more or less expansive, or revised in other ways?
3. Do you support the proposed new and increased penalties and offences framework?
4. Do you think the proposed new and increased penalties and offences framework should be revised in any way?
5. Do you support the proposed anti-promotion orders powers?
6. Do you think the proposed anti-promotion orders powers should be revised in any way?
7. Do you have any concerns about the proposal to enable evidentiary certificates signed by the NDIS Commissioner to be prima facie evidence of matters specified in the certificate? (If so, what are your concerns?)

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| Free text response |

### Safeguarding – to ensure unsuitable persons can be excluded from the NDIS by adding categories of people who a banning order can be imposed against

1. Do you support the proposed expansion of categories of people against whom a banning order may be imposed; i.e. beyond NDIS providers and workers, to include NDIS auditors and consultants?
2. Are there additional categories of people involved in the NDIS that you think the NDIS Commission should be able to impose bans against?

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| Free text response |

### Information gathering – strengthening the NDIS Commission’s powers to obtain relevant information from NDIS providers and other persons within appropriate timeframes

1. Do you have any concerns about the proposed measures to strengthen the NDIS Commission’s powers to obtain relevant information from NDIS providers? (If so, what are your concerns?)

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| Free text response |

## NDIS Participant Demographics

The following questions are optional. If you do not wish to complete any question, please respond with “prefer not to answer” or skip the question.

By answering these questions, you are helping the NDIS Commission evaluate all NDIS participant responses.

**1. How would you describe your disability or the disability of the person you care for?**

*We are asking this question because we want to make sure we collect and understand views that reflect the diversity of disability.*

Autism

Intellectual Disability

Learning disability (e.g. dyslexia)

Attention Deficit Hyperactivity Disorder (ADHD)

Physical disability

Other neurological disability (e.g. epilepsy, acquired brain injury cerebral palsy)

Blind or low vision

Deaf or hard of hearing

Other sensory disability

Psychosocial disability or mental health condition (e.g depression, anxiety)

Not applicable

Other

please specify)

**2. What is your (the NDIS participant) age range? Select one.**

0 to 6 years

7 to 14 years

15 to 18 years

19 to 24 years

25 to 34 years

35 to 44 years

45 to 54 years

55 to 64 years

65+ years

Prefer not to answer

**3. What is the gender you (the NDIS participant) identify with?**

Male

Female

Non-binary

Other

Please specify

Prefer not to say

**4. Do you (the NDIS participant) identify as a member of any of the following groups? Select all that apply.**

First Nations Person (Aboriginal or Tores Strait Islander)

Person from a culturally and linguistically diverse background (CALD)

Person who identifies as LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, asexual)

None of the above

Prefer not to answer

**5. Which of the following best describes how your funding in your NDIS plan is managed?**

Self-Managed

Plan Managed

Agency or NDIA Managed

**6. Where are you located?**

Regional

Remote or Rural

Metropolitan

Prefer not to answer

**7. What language do you speak at home?**

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| --- |
| Free text response |