**Nominated Authorised Person details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Title* | | | | | | | | |
| Mr | | Ms | Mrs | | | Other: |  | |
| *First name* | | | | | | | | |
|  | | | | | | | | |
| *Surname* | | | | | | | | |
|  | | | | | | | | |
| *Position* | | | | | | | | |
|  | | | | | | | | |
| *Telephone (work)* | | | | | | | | |
|  | | | | | | | | |
| *Mobile* | | | | | | | | |
|  | | | | | | | | |
| *Email address (work)* | | | | | | | | |
|  | | | | | | | | |
| *Street number and name/Postal address (work)* | | | | | | | | |
|  | | | | | | | | |
| *Suburb/City* | | | | | | | | |
|  | | | | | | | | |
| *State* | | | |  |  | | | |
|  | | | |  |  | | | |
| *Postcode* | | | | | | | | |
|  | | | |  |  | | |
|  | Standard User *(Request checks and see results)* | | | | | | | |
|  | Power User *(Request checks and see results, lodge and update notifications/investigations)* | | | | | | | |

**Organisation details**

|  |
| --- |
| *Organisation name* |
|  |
| *Is your organisation known by another name? Please specify below* |
|  |
| *NDIS Provider Number (if applicable)* |
|  |
| *This organisation is (please select as applicable)* |
| A DHHS Division |
| Funded by DHHS to provide disability services |
| NDIS registered disability service |
| A labour hire agency |
| Other (please specify below) |

**Agreement**

I understand that the Department of Health and Human Services (the department) operates a Disability Worker Exclusion Scheme (the Scheme) under which persons who are found to be unsuitable are placed on a Disability Worker Exclusion List (the List) and prevented from obtaining further employment in a direct support role at in-scope disability services.

By agreeing to be an Authorised Person on behalf of the organisation identified above, I understand and agree that my role under the Scheme is to:

* Ensure that all prospective workers’ names are checked against the List in order to determine that they are not on the List before they are employed or placed in a direct support role in a disability service which is managed or controlled by the organisation.
* Receive, on behalf of the organisation, information from the department as to whether a prospective worker’s name is or is not on the List, including where the List has been checked in respect of that worker at the request of another person within the organisation who is not an Authorised Person.
* Notify the department on behalf of the organisation when the organisation becomes aware that a current, former or prospective worker may fall within the criteria for placement on the List.

By signing this form below, I am confirming my agreement to:

* act as an Authorised Person on behalf of the organisation in all matters relating to the Scheme and the List
* only disclose information that is disclosed to me in my capacity as an Authorised Person to other persons who are similarly authorised by the organisation, who are aware that they are required to keep the information confidential and who need to know that information for the purpose of complying with the requirements of the Scheme
* not disclose information that is disclosed to me in my capacity as an Authorised Person to a third party except:
* for the purpose of fulfilling the requirements of the Scheme
* as required by law.

|  |
| --- |
| *Signature of nominated Authorised Person* |
| ✍ |
| *Date* |
|  |

**To be completed by a senior officer of the organisation (Director, Secretary or Chief Executive Officer)**

I confirm that the person nominated as an Authorised Person on this form has been appointed to act as an Authorised Person on behalf of the organisation.

|  |
| --- |
| *Signature of senior officer* |
| ✍ |
| *Name (in full)* |
|  |
| *Position* |
|  |
| *Date* |
|  |

|  |
| --- |
| **Further information**  Please return a copy of this form, when completed, to [**DWESU@dhhs.vic.gov.au**](mailto:DWESU@dhhs.vic.gov.au).  Once received, the DWES Unit will aim to process this form promptly and arrange for the relevant access to the DWES Portal.  Please ensure you consult the *DWES Portal – User guide for service providers* for instructions on using the DWES Portal. Any queries relating to the DWES Portal can be directed to the DWES Portal Support contacts listed in the *User guide*.  You must ensure you are familiar with all relevant requirements. Further information regarding the [Victorian NDIS Safety Screening Policy](https://www.vic.gov.au/ndis-quality-and-safeguards) is available at Victorian Government NDIS website <https://www.vic.gov.au/ndis-quality-and-safeguards>. Information regarding DWES can be found at [DWES page](https://providers.dhhs.vic.gov.au/disability-worker-exclusion-scheme) on the department’s website <https://providers.dhhs.vic.gov.au/disability-worker-exclusion-scheme>.  If you have any further queries, please contact us by email to [DWESU@dhhs.vic.gov.au](mailto:DWESU@dhhs.vic.gov.au) or by phone on (03) 9096 3203. |

To receive this publication in an accessible format phone (03) 9096 3203, using the National Relay Service 13 36 77 if required, or [email the DWES Unit](mailto:DWESU@dhhs.vic.gov.au) <DWESU@dhhs.vic.gov.au>.

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Available at the [DWES page on the department’s website](https://providers.dhhs.vic.gov.au/disability-worker-exclusion-scheme) <https://providers.dhhs.vic.gov.au/disability-worker-exclusion-scheme>.