Queensland Disability Worker Screening - Employer Portal

Authorised Representative Form

You can use this form to authorise employees to access the Queensland Disability Worker Screening - Employer portal for the purposes of fulfilling provisions of the *Disability Services Act 2006*. This form should only be completed by persons who are recognised as Central or Principal Contacts by the Department of Justice.

**Are you a sole trader that needs to become an Unregistered NDIS Provider?**

This form is only for state-based organisations. If you require access to the NDIS Worker Screening Database, please contact the NDIS Quality and Safeguards Commission.

**Authorisation**

I declare that the following people are authorised organisational representatives for the purposes of undertaking activities in the Queensland Employer Portal in accordance with the provisions of the *Disability Services Act 2006*.

I confirm that I have advised the nominated representatives that their personal information summarised below will be collected, managed and stored in accordance with the ***Disability Services Act 2006*** and the ***Information Privacy Act 2009***.

**Details of Authorised representatives**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name** | **Surname** | **Position/Role** | **Work Email** | **Work Phone Number** |
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**Principal/Central Contact (or equivalent authorised representative)**

On behalf of (Organisation Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NDIS Provider Number (if known) or Qld Government Issued Employer ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS NAME (PRINT)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the Principal/Central Contact is unable to complete the form or you have any other queries please email [contactus@workerscreening.qld.gov.au](mailto:contactus@workerscreening.qld.gov.au) or phone Disability Worker Screening Hotline on 1800 183 690.