










Opt Out – Easy Read

Do you want to take part in our NDIS Audit?

The following information has been explained to me (circle yes or no):

Yes ✓	No ✕	 <p>I know the NDIS checks on my provider to make sure they are doing the right things (this is called an audit)</p>
Yes ✓	No ✕	 <p>I understand the person who does the NDIS check is called an auditor</p>
Yes ✓	No ✕	 <p>I understand the auditor might want to talk to me about the supports/services I receive from the provider</p>
Yes ✓	No ✕	 <p>I understand the auditor only wants to ask a few questions about my provider</p>
Yes ✓	No ✕	 <p>The provider wants me to tell the auditor the truth and if I am happy or unhappy with their services/supports</p>

Yes ✓	No ✕		I understand everything I tell the auditor will be treated privately
Yes ✓	No ✕		I have been told the date of the audit

Agree			
Yes ✓	No ✕		I agree to take part in the NDIS Audit
Opt-out			
Yes ✓	No ✕		<p>I do not want to take part in the Audit.</p> <p>I want to opt-out.</p>

Participant/advocate name:	
Signature:	
Date:	

Staff name:	
Role:	
Signature:	
Date:	