

Disability Worker Exclusion Scheme

Consent and Acknowledgment Form

I am aware that the Department of Health and Human Services (the department) operates a Disability Worker Exclusion Scheme and has a Disability Worker Exclusion List (the List).

I consent to my personal details being provided to the department for the purpose of checking against the List.

I consent to the department collecting personal information and sensitive personal information about me, including information relating to any criminal, disciplinary and employment history of mine, for the purposes of the department compiling and maintaining the List.

I accept that if my name is on or is placed on the List, I will be prevented from being engaged by:

A. a disability service provider (as defined in the *Disability Act 2006* (Vic)) as:

A Disability Worker, being a person engaged by a service provider who:

- (i) provides, or supervises or manages a person who provides direct support to a person with a disability, and
- (ii) has direct contact or access to a person with a disability

and excluded from any work at the disability service that falls within the definition of Excluded Work being work at a disability service:

- (i) as a Disability Worker, or
- (ii) that involves regular direct contact with or access to a person with a disability.

B. a registered NDIS provider registered under section 73E of the *National Disability Insurance Scheme Act 2013* (Cth) as:

- (i) an NDIS worker involved in the direct delivery of specified supports and services to people with a disability as a normal part of their duties or
- (ii) an NDIS worker likely to require more than incidental contact with people with a disability as a normal part of their duties
- (iii) a key personnel as defined under section 11A of the *National Disability Insurance Scheme Act 2013* (Cth) which includes executive, senior management and operational positions in a registered NDIS provider (such as, a Chief Executive Officer, Chairperson or Board Member).

I accept that a self-managed participant may also choose not to engage me if my name is placed on the List.

I agree that the department may inform any registered NDIS provider, disability service provider, labour hire agency or self-managed NDIS participant that has engaged me or proposes to engage me that I am on the List, or that I am the subject of a Notification by a disability service provider, registered NDIS provider, labour hire agency or self-management NDIS participant.

I agree to inform **Inclusion Melbourne Inc.** of the name and address of any other disability service provider or registered NDIS provider I am, or intend to be, engaged by.

Full Name	
Address	
Telephone	
Email	
Signature	
Date	

Inclusion Melbourne Inc. and the department are committed to protecting your privacy. Inclusion Melbourne Inc. and the department collect and handle personal and sensitive information for the purposes of the operation of the Disability Worker Exclusion Scheme.

In order to manage the Disability Worker Exclusion Scheme, the department may share your personal information with external parties such as other service providers or registered NDIS providers.

For more information on the department's privacy collection, please refer to the department's privacy policy or visit our website on <https://dhhs.vic.gov.au/publications/privacy-policy>

*You may request to access your information that is provided to **Inclusion Melbourne Inc.** **Inclusion Melbourne Inc.** can be contacted on 03 9509 4266 or volunteer@inclusion.melbourne or you may contact the department's Privacy Unit by emailing privacy@dhhs.vic.gov.au.*

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)

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