

Renewal of a registration

Quick Reference Guide (Registration)

Providers can submit a formal renewal in the final 6 months of their registration using the NDIS Commission Portal.

Renewal of a registration

1. Log in to NDIS Commission Portal.



2. Select My registration.

Ś	* 🔽	NDIS Quality and Safeguards Commission				٥	Switch to myplace Logout
lome	Application +	Registration +	Task •	Change position	Behaviour support plan 👻	Reportable incidents	•
We	elcome to	the NDI	S Corr	nmission P	ortal, Michael.		
				My application	S		My registration
	Number of tasks o) awaiting action:	Tasks O	Be	ehaviour Support Plan		Reportable Incidents

3. On the **Overview** screen, select **Formal renewal**.

ome Application - Registration - Tasi	k 👻 Behaviour support plan 👻 Reportable incide	nts 👻	
UMQ Development Pty Ltd Registration id: Provider type:Registered Registration status:Approved Renewal date: 24/08/2018 04:11:5	Overview This view provides an overview of this NDIS Provider. F key personnel, outlets and applications they have subr Renewal due in 59 days	from the left-hand menu you can access more information a nitted. You can also generate documents, view or upload att	bout their registration, including their registration groups, tachments, and make file notes.
Registration details			
Overview	Primary contact	Auditor details	Business statistics
Registration details	Phone:02 1111 2222	Current auditor:	SDA properties: 0
Registration conditions	Contact person:	Phone: Email:	New reportable incidents:0
SDA property	PARRAMATTA NSW 2150	Auditor start date: 04/06/2018 12:00:00 AM	View
Surveillance / audit cycle	View	Add	
Auditor relationship			

4. A prompt will appear to notify you are about to commence a Formal renewal. Click **Ok.**



5. Start to complete the renewal process by selecting the different sections in the left hand menu and update each screen ensuring the correct details are captured.

fome Application - Registration - Task - Beha	Mour support plan ~ Reportable incidents ~
UMQ Development Pty Ltd Application status: Draft Application status: Draft	Application details * required This view provides an overview of this Application. From the left-hand menu you can access more information, including the applicant's registration groups, self-assessment responses and other details.
Application Id:4-35DR9DM Application received date: <i>dd/mm/yyyy</i> 26/06/2018	Auditor: Number of participants currently getting service? Number of staff employed:
Application details	HDAA Australia Pty Ltd
Applications details Available	Participant groups
Provider details Available	Update
Key personnel .	Partiscipant groups Answer Acquired brain injury
Addresses Available	Aged Care
Registration groups	Autism
Service delivery questions	Dementia Intellectual disability
Self assessment	Mental health
Available Suitability questions	Physical disability including sensory disability
Available	Spinal injury
Outlets Available	Ventilator dependent
Submit Unavailable	Age groups
Actions	Update Age_groups Answer

6. A prompt will appear to **Update application details**.

source	CODW .		
ve	Update application details		x
aik			* required
:ta	Number of participants currently getting service?*	Number of staff employed:*	
	8	s	
>	Cancel		Save
	Arouized brain inluor		

7. Update the **Participant groups** by selecting the drop down menu and click **Save**.

Home	Application ~	Registration -	Task ~	Behaviour support plan ~	Reportable incidents ~
	MO Develop	ment Pty I td		Participant	groups
	ing Develop	at at			
Ar	plication status. D	ewal Application			
A	plication Id: 4-3SD	R9DM			
Ap	plication received	date: dd/mm/yyyy			Acquired brain injury:
26	/06/2018				Please Select
					Aged Care:
Ap	plication details				Please Select 🗸
	Applications detail	s			
	Available				Autism:
	Provider details				Please Select
	Available		•		
					Damantia
	Key personnel Available		•		
					Please select
	Addresses		•		
	AVONODIE				Intellectual disability:
	Registration group	s			Please Select 👻
	Available				
	Constan delboraria				Mental health:
	Available	esuons	•		Please Select
	Self assessment		•		Physical disability including sensory disability-
	And the second				Blava Selart
	Suitability question	15	•		riease serect
	Available				Principal and an
	Outlets				spinal injury:
	Available		•		Please Select
	Submit Unavailable				Ventilator dependent:
					Please Select
Ad	tions				
	Attachments				
	Automitella			Discard changes and	stum Save

8. Update the Age groups and click Save.

UMQ Development Pty Ltd	Age groups
Application status: Draft	
Application type: Renewal Application	
Application received date: dd/mm/www	0 - 6 Years:
26/06/2018	Please Select
	7 - 16 Years:
Application details	Please Select
Applications details	17 - 65 years:
Provider details Available	Please Select 💌
Keynersonnel	Over 65 years:
Available	Please Select
Addresses Available	
Registration groups	Discard changes and return

9. Green ticks will appear as the information is added into the system.

UMQ Development Pty Ltd Application status: Draft Application type: Renewal Application Application 1d: 4-350800M Application received date: dd/mm/yyyy 26/06/2018		Service delivery questions					
		Record Id	Question	Upda			
		4-35DR9E7	Do you support participants with the day-to-day management of medications?				
		4-35DR9E8	Are you required to manage the disposal of waste, infectious or hazardous substances?				
pplication details		4-3SDR9E9	Do you support people who may be subject to a restrictive practice?				
Complete	~	4-35DR9EA	Do you deliver/intend to deliver complex bowel care (enema)?				
Provider details Complete	~	4-3SDR9E8	Do you deliver/intend to deliver tracheostomy management?				
Key personnel	~	4-3SDR9EC	Do you deliver/intend to deliver urinary catheter management?				
Complete		4-3SDR9ED	Do you deliver/intend to deliver complex wound management?				
Addresses Complete	~	4-35DR9EE	Do you deliver/intend to deliver sub-cutaneous injections?				
Registration groups		4-3SDR9EF	Do you deliver/intend to deliver enteral (PEG, natogastric tube) feeding and management?				
Complete	~	4-3SDR9EG	Do you deliver/intend to deliver ventilator management?				
Service delivery questions Available							
Self assessment				Continu			

10. In the **Self assessment** section, before you can proceed to the Suitability questions, update the response to each outcome in the individual modules by selecting each module.

Pty Ltd	Practice standards			* requ
Application status: Draft Application type: Renewal Application	You are required to address each of the standards, please refer to the NDIS (Qu	modules listed below which are based on your selection of r ality indicators) Guidelines 2018 on the Commission website.	registration groups and your responses to the service delivery questions. For more information about the practices	
Application Id Application received date: dd/mm/www	Module name	Pathway		
26/06/2018	Module 2a	Certification		
	Core Module 4.3	Certification		
opplication details	Core Module	Certification		
Applications details Complete	· .		Select Format, Press Export, and Save Download	
Provider details			Format Comma Separated Values (CSV)	xport
Comprese	Your response must address all the qua	lity indicators associated with this practice standard. For mor	re information about the quality indicators, please refer to the NDIS (Quality Indicators) Guidelines 2018 on the	
Complete	Outcome.name	Outcome description	Response	
Addresses Complete	1 Behaviour Support in the NDIS	Each participant accesses behaviour support that is appropriate to their needs which incorporates	и :	Updat
Registration groups Complete		relevant legislation and policy frameworks.		
Service delivery questions Complexe	2 Regulated Restrictive Practices	Each participant is only subject to a regulated restrictive practice that meets any state and territory authorisation (however described) requirements and the relevant requirements and	d	Updat
Self assessment Available	•	safeguards outlined in Commonwealth legislation and policy.	0	
Suitability questions Australia	3 Supporting the Assessment and Develo of Behaviour Support Plans	opment Each participant's quality of life is maintained an improved by tailored, evidence-informed behaviour support plans that are responsive to their each.	a	Updat
Outlets Available	4 Behaviour Support Plan Implementatio	on Each participant's behaviour support plan is		Update
Submit		behaviour support needs.		
Unavailable	S Monitoring and Reporting the Use of R Restrictive Practices	legulated Each participant is only subject to a restrictive practice that is reported to the Commission.]	Update
Actions Attachments	6 Behavibur Support Plan Review	Each participant has a current behaviour support plan that reflects their needs, and works towards improving their quality of life, reducing, behaviours of concern, and reducing and eliminating the use of restrictive practices.	t 5	Updat
	7 Reportable Incidents involving the Use Restrictive Practice	of a Each participant that is subject to an emergency or unauthorised use of a restrictive practice has	c [Updat

Note: Some modules contain more than one page of outcomes.

11. When you choose manage **Outlets**, note and update the **Professions** box in the bottom right hand corner if applicable. Some Registration groups have the option to add select professions.

(Registration group with	Professions available)
--------------------------	------------------------

Oudet name:	
Contact number	
	Add
Registration group id Name Group no	
Outet details Group/Centre Activities 0136	Remove
Address Spec Support Employ 0133	Remove
Operating hours Specialised Disability Accommodation 0131	Remove
Service areas Support Coordination 0132	Remove
Registration groups 0128 Therapeutic Supports 0128	Remove
Plan Management 0127	Remove
Ex Phys Pers Training 0125	Remove
Interpret/Translate 0121	Remove
Household Tasks 0120	Remove
Development.Life Skills 0117	Remove
< 1-100/21 >	
	d Save Download
Support items Professions Professions	ves (CSV) V Export
Select Format, Press Export, an Format: Comma Separated Value Support items There are no support items.	Add Remove
Select format. Press Export an Format: Comma Separated Velu Support items There are no support items There are no support items Social Worker	Add Remove
Support items There are no support items There a	Add
Select format. Press Export an Format: Comme Separated Velu Support items There are no support items Coutlet Adding profession Profession Profession Profession Profession	Add Remove
Select format. Press Export an Format: Contras Spaceted Value Support items There are no support ite	Add Remove
Support items Terms Support items There are no s	Renove
Support items There are no support items There a	Renove
Support items Inter one no support terms Inter o	Remove
Support items Fore ore no support items Professions Inter ore no support items Entersion name Outlet Adding profession Outlet name: Convert Outlet cause Professions Outlet cause Entersion name Outlet cause Device professions	Remove
Select format. Press Door. an Format: Contras Sparated Value Deter on support items Deter on on support items	Remove

(Registration group without Professions available)

Dutlet	Outlet registration gr	oups			
Owner:					
utlet name:					414
ontact number:					
	Registration group id	Name	Group n	2	
Outlet details		Group/Centre Activities	0136		Remove
Address		Spec Support Employ	0133		Remove
Operating hours		Specialised Disability Accommodation	0131		Remove
Service areas		Support Coordination	0132		Remove
Registration groups		Therapeutic Supports	0128		Remove
		Plan Management	0127		Remove
		Ex Phys Pers Training	0126		Remove
		Interpret/Translate	0121		Remove
		Household Tasks	0120		Remove
		Development-Life Skills	0117		Remove
			< 1.10	of 21 >	
				Select Format, Press B	xport, and Save Download
				Format: Comma Sepa	rated Values (CSV)
	Support items			Professions	
			Add		Add
	There are no support items.			There are na professions.	

Outlet	Adding profession	
Owner: Outlet name: Contact number:	Professions	
Outlet details	iner er en ny ingesions analose per ere secure regionaur group. Dissand changes and return	Save
Operating hours		
Service areas		
Registration groups		

12. Before submitting the Renewal application add any attachments that may be required in support of your application.

ome Application - Registration - Task - Behaviour support plan - Reportable incidents -						
UMQ Development Pty Ltd	Attachments					
Application status: Draft Application type: Renewal Application Application Itd: 4-350590M Application received date: dd/mm/yyyy	Via currently don't have an attachment linked to this application. If you have the right access and if the button is enabled, click 'Add attachment'.					
26/06/2018	Continue					

NOTE: Maximum file size is 2MB and there is a limit of 7 attachments.

13. Add any attachments by selecting the correct document type then **Save and close**.

Adding attachmen	t details	x
Select the file to be uploaded		
~		* required
~	Name:*	
~	Certificate	
~	Document type:*	
~	Any other interim action Any other relevant materials	
~	Authorisation Document Behaviour support plan	
Discard changes and close	Capacity assessment	Save and close
	Certificate of Registration	
~	Client risk plan	
	Communication profile	
•	Complaints management	
	Consents 🗸	

14. If you need to remove an attachment, then select **Actions** and **Remove**.

NOTE: You may provide additional material to the auditor once they have been engaged.

UMQ Development Pty Ltd	At	Attachments						* required
Application status: Draft Application type: Renewal Application Application (d: 4-350R9DM Application received date: dd/mm/pppy		Name	Document type	Date uploaded	Туре	Size	Uploaded by	PAdd attachment
26/06/2018	Þ	Certificate	Authorisation Document	26/06/2018	docx	12.642	BL_HB433078	Actions-
w w								Remove
Application details								Download
Applications details Complete	~							

15. Read the declaration and select **Submit for assessment**.

Home Application - Registration - Task - Behavio	ur support plan + Reportable incidents +						
UMQ Development Pty Ltd Application status: Draft Application type: Reneval Application Application Id: -330800M Application received date: dd/mm/yyyy 26/06/2018	Declaration I declare that 1. I and uky authorised by the Applicant to submit this application. 2. I understand that this information is being collected by the NDB Quality and Safeguards Commission (NDIS Commission). 3. I have read that NDIS Commission National Diability information Sectore (NDIS Provider Application Pack and understand the requirements of registered NDIS Providers. 3. I have read and understand the NDIS Commission with requirement and concent to my personal information being used and disclosed for the Purposes described in that Statement. 3. I have read and understand the NDIS Commission with requirements and understand the requirements and the NDIS Commission with requirement and concent to my personal information being used and disclosed for the Nulsona Diability Instance Somer Act 2013 the Act) and any Rules.						
Application details Applications details Complex	 Lesknowings the NBC Commission may share the information creativated in the application form with retwart Commonwealth state and stratury agencies. Including the NBC Disability Insurance Agency. Linderstands the NBC Commission may shall be stell communities of the application form with retwart Commonwealth state and stratury agencies. Including the NBC Disability Insurance Agency. Linderstands the NBC Commission May shall be stell commons from the application form with retwart DBC Commission Strature Agency. Linderstands the NBC Commission Strature Agency. To the best of NBC Commission Strature Agency. To the best of NBC Commission Strature Agency. To the best of Information That application in the application of the Application agency. To the best of Information That application in the application of the Application Agency. To the best of Information That application in the application of the Application Agency. To the best of Information That application in the application of the Commonwealth is a serious offence under section 137.1 of the schedule to the Crimical Cost Act 1995. Have ensure that any key personal information is included in this application have read and understood the Privacy Collection Statement and consent to their personal information being used and disclosed for the purposes desorbed in that Statement. 						
Complete	Beturn to the home range						
Key personnel 🗸							
Addresses 🗸							
Registration groups Complete							
Service delivery questions							
Self assessment Complete							
Suitability questions							
Outlets Complete							
Submit Arailoble							

16. The application type will change to **Renewal Application**

•••						
View						

Please Note: There is a further Quick Reference Guide available to assist with assigning a selected auditor