



**My Mobile Plan Manager**  
Your Trusted NDIS Accountant

## Consent to share information with my support coordinator.

This form is intended to obtain your consent for My Mobile Plan Manager to share your NDIS plan details and grant access to your Dashboard with your Support Coordinator.

### Participant details:

First Name:

Last Name:

Date of Birth (dd/mm/yyyy):

NDIS Number:

As the:  participant or  plan nominee,

I consent for My Mobile Plan Manager to share the following information and Dashboard access with my Support Coordinator (as stated below).

I consent for My Mobile Plan Manager to:

1. Share and send information about my NDIS plan and budgets.
2. Allow access to my online My Mobile Plan Manager's Dashboard.
3. Communicate information about my NDIS plan via phone and email.

Please complete the details of the person you're giving consent to.

### Support Coordinator details:

First Name:

Last Name:

Company/Business Name:

Company/Business Postcode:

ABN (if known):

Phone:

Mobile:

Email:



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### Level of consent:

Which level of consent would you prefer to provide? Please select one of the options below.

Please provide consent to my Support Coordinator only.

or

I consent to allowing other Support Coordinators from the same organization to access my information. This will ensure that if my primary Support Coordinator is unavailable or on leave, another Support Coordinator can assist me without disruption.

### Declaration of consent:

I acknowledge that I have provided consent for My Mobile Plan Manager to release my information to the above Support Coordinator, in accordance with the level of consent I have selected.

I understand that I can withdraw this consent at any time by contacting My Mobile Plan Manager via email or phone.

Important: This form may only be signed by the participant or the plan nominee.

Full Name:

Date:

Signature:

Date:

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 [www.mymobileplanmanager.com.au](http://www.mymobileplanmanager.com.au)

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NDIS provider number: 4050118043