Dear Sir/Madam,

**NATIONAL DISABILITY INSURANCE SCHEME (NDIS) CLASS ACTION**

Thank you for your interest in participating in a potential class action against the Commonwealth Government for their blanket ban from the NDIS on disabled people who happen to be 65 years old or over.

Please provide your contact details and other information (listed below on this page), and also your response to the questions in the short Survey (on the following pages).

Yours faithfully,

Mitry Lawyers

**YOUR CONTACT DETAILS**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile/Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLAIM DETAILS SURVEY:**

Please answer the following questions. This information will remain confidential and only be used for the purposes of providing legal advice:

**What is your disability?**

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**Have you ever applied for the NDIS, if yes, by which method (ie: telephone, form, letter)?**

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**If you did not apply, was it because:**

**a. You had not been informed of the existence of the NDIS?**

**b. The NDIS application website stated that you had to be under 65 years of age?**

**c. Official documents stated that to be eligible for the NDIS, applicants had to be under 65 years of age?**

**d. You rang the advertised telephone number to make a verbal application request and were advised that to be eligible for the NDIS, applicants had to be under 65 years of age?**

**e. Another reason? (please specify)**

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**If you applied for the NDIS, did you receive a written or verbal response to your application? (provide details)**

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**If you are not a participant in the NDIS, please estimate how much you spend per annum in supporting your needs, including costs of equipment, medication, medical appointments etc?**

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**Are you a member of My Aged Care? If yes, what is the value of your annual package?**

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**Do you receive any other government assistance? If yes, please provide details and figures per annum?**

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**Is there any equipment or treatment you don’t have access to because you do not receive NDIS benefits?**

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**Do you have a primary carer? If yes, please provide details (is it a family member, a nurse, etc?).**

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Your personal data will be handled in accordance with our Privacy Policy, which can be found at

 [www.mitry.com.au/privacy](http://www.mitry.com.au/privacy)