

EPSS

Sign-Up Form

Getting started

Sign up for plan management with EPSS

This form is for participants, child representatives, and NDIS plan nominees signing up directly with EPSS.

If you are a Support Coordinator referring a participant, please use the Referral Form instead.

We'll use the information you provide to set up your plan management and confirm your next steps.

This form takes around 3-5 minutes to complete. If you're unsure about any section, you can continue and we'll confirm the details with you.

Section 1 — Who is completing this form

I am completing this form as:

☐

The participant

☐

A child representative — a parent or carer completing this form on behalf of a participant under 18

☐

An NDIS plan nominee — formally appointed by the NDIA to act on behalf of a participant aged 18 or over

Note: If you are unsure of your role, you can continue and we'll confirm this with you, or contact the NDIS on 1800 800 110 for guidance.

Section 2 — Participant details

Participant's full name

Preferred name

Date of Birth

Gender identity

Address

Email

Phone Number(s)

Preferred Contact Method

Email ☐

Call ☐

Text ☐

Cultural Information

Languages Spoken

Interpreter
required?

Yes ☐

No ☐

Other information

Is there anything about the participant's circumstances, communication needs, or support requirements that EPSS should be aware of?

Section 3 — NDIS plan information

NDIS Number		Plan start date		Plan end date	
How is the plan managed?	Fully plan managed ☐	Partially plan managed	☐		
Is this the Participant's first NDIS plan?	Yes ☐	No	☐		

If you don't have the plan available right now, you can continue and send it to us after submitting the form.

Section 4 — PACE plans

Is the participant's plan in PACE?	Yes* ☐	No ☐	Not sure ☐
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If your plan is in PACE, EPSS must be endorsed as both My Provider and My Plan Manager before we can access your funding, submit claims, or make payments. Without this step, invoices cannot be processed.

If you're not sure whether your plan is in PACE, select "Not sure" and we'll confirm this with you.

*If yes — has EPSS been endorsed?	☐ Yes — endorsement is complete	☐ Not yet — the participant or their representative will arrange this with the NDIS	☐ Not yet — please contact me to assist with this step
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EPSS details for endorsement:

Business Name: Essential Plan Support Services

ABN: 94 638 628 574

Provider Number: 4050064635

Postal Address: PO Box 85, Cannington WA 6987

Contact the NDIS on 1800 800 110 or via the NDIS webchat to complete endorsement.

Section 5 — Invoice preference

How would you like invoices to be handled? (Required)

☐ **Automatic processing** — invoices are processed as they are received, once requirements are met. No action needed from you.

☐ **Approve first** — EPSS will check with you before submitting each invoice. This gives you more oversight but may affect processing timeframes.

If you're unsure which option to choose, you can select either and change it at any time by contacting EPSS.

Section 6 — Support Coordinator or Recovery Coach details (if applicable)

Name		Organisation	
Email		Phone Number	

By providing these details, you consent to EPSS sharing relevant plan management information with your Support Coordinator or Recovery Coach to support service delivery.

If a new Support Coordinator or Recovery Coach is appointed within the same organisation, this consent remains valid unless you advise us otherwise.

Section 7 — Child representative or plan nominee details (if applicable)

Complete this section if you selected child representative or NDIS plan nominee in Section 1.

Full name			
Relationship to participant	☐ Parent / carer (child representative)	☐ NDIS plan nominee	
Phone number		Email	

Section 8 — Preferred contact

Who should EPSS contact about plan management?

- ☐ Participant
- ☐ Child representative / plan nominee
- ☐ Support Coordinator

If you're unsure, select the person you'd prefer us to contact first – this can be updated at any time.

Section 9 — Dashboard and statements

Would you like access to the participant dashboard? Yes ☐ No ☐

The dashboard shows up-to-date funding balances and submitted invoices at any time. A registration link will be sent once your plan management is set up.

If you're unsure, you can select yes – this can be changed later.

Would you like to receive monthly statements? Yes ☐ No ☐

Section 10 — What happens next

Once you submit this form, we'll review your details and be in touch to confirm your setup and next steps.

If your plan is in PACE and endorsement hasn't been completed yet, we'll let you know what's needed before services can begin.

If you have any questions in the meantime, contact us on **0474 329 544** or at admin@essentialplan.com.au.

Section 11 — Consent and confirmation

Please read the EPSS Service Agreement before submitting this form.

These confirmations allow us to set up and deliver your plan management correctly.

- ☐ I have read and agree to the terms and conditions of the EPSS Service Agreement.
- ☐ I confirm that I am the participant, or a child representative or NDIS plan nominee formally recognised under the NDIS, and I am authorised to complete this form.
- ☐ I consent to EPSS sharing my information with the NDIA and relevant providers where required to deliver plan management services.

Section 12 — Final questions

How did you find us?

- | | | | |
|---|--|--|---------------------------------------|
| ☐ Support Coordinator | ☐ LAC or Planner | ☐ Google | ☐ Clickability |
| ☐ NDIS Provider Directory | ☐ A Friend | ☐ A service provider
(not support coordinator) | |
| ☐ Facebook page/ad | ☐ Facebook Group | ☐ My Community Directory | |
| ☐ Another NDIS Participant | ☐ Other (please specify): | | |

Is there anything else EPSS should know?

Submission

By submitting this form, you confirm that the information provided is accurate and complete. Once submitted, we'll review your details and contact you or your nominated person to confirm next steps and when services can begin.

Email completed form to admin@essentialplan.com.au