



## Conflict of Interest Disclosure & Acknowledgement Form

### Participant Information

Participant Name: .....

NDIS Number: .....

Date of Birth: .....

Phone / Email: .....

### Purpose of This Form

This form ensures that My Plan Advisor (MPA) identifies, discloses, and properly manages any actual, potential, or perceived conflict of interest, ensuring you maintain full choice and control over all NDIS supports.

This document is required under the NDIS Code of Conduct, Plan Management Competency Standards, and Conflict of Interest requirements.

### 1. Description of Relationship Between Participant & MPA/MDC

Please tick whichever applies:

#### A. Standard Declaration

I am only receiving Plan Management services from My Plan Advisor (MPA). I do not have any other relationship with MDC or MPA staff.

#### B. Participant is Also a Support Worker

I am a participant in receiving Plan Management services from MPA and I am also employed as a support worker at My Disability Care (MDC), which operates under the same organisation.

#### C. Participant Receives Both Plan Management and Disability Support Services

I am receiving Plan Management services from My Plan Advisor (MPA), and I also receive disability support services from My Disability Care (MDC), which are part of the same organisation. I acknowledge that this arrangement may create an actual or perceived conflict of interest and confirm that MPA/MDC has provided a clear explanation of the conflict and how it will be managed to ensure my full choice, control, and impartial service delivery.



**D. Other Conflicts (Any Potential Scenario)**

Other potential conflicts (please describe): .....

.....

**5. Signatures**

Participant / Nominee / Guardian:

Name: .....

Signature: .....

Date: .....

**MPA Representative:**

Name: .....

Position: .....

Signature: .....

Date: .....