

Registration readiness report

Prepared for Bright Futures Supported Living Pty Ltd (a fictional provider) · 30 requirements

This report takes each requirement in your scope and shows where your documents meet it, or what is still needed. Northbank Advisory has reviewed every line.

10

requirements evidenced

20

requirements still needed

1 · Rights and Responsibilities

1.1	Each participant accesses supports that promote, uphold and respect their legal and human rights and is enabled to exercise informed choice and control. The provision of supports promotes, upholds and respects individual rights to freedom of expression, self-determination and decision-making.	Still needed	Could you send us the policy your team actually works to on participants' rights, informed choice and control – the current version, in whatever form you keep it? Source: Provider Registration Rules and Quality Indicators Guidelines (version: November 2021, Version 4), at Core Module › 1. Rights and Responsibilities › Person – centred supports, p. 5.
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1.2	Each participant accesses supports that respect their culture, diversity, values and beliefs.	Still needed	Could you send us the procedure or plan template your team uses to record and respond to each participant's culture, values and beliefs? Source: Provider Registration Rules and Quality Indicators Guidelines (version: November 2021, Version 4), at Core Module › 1. Rights and Responsibilities › Individual values and beliefs, p. 5.
1.3	Each participant accesses supports that respect and protect their dignity and right to privacy.	Still needed	Could you send us your privacy and dignity policy, together with the form or record you use when participants agree to their personal information being collected? Source: Provider Registration Rules and Quality Indicators Guidelines (version: November 2021, Version 4), at Core Module › 1. Rights and Responsibilities › Privacy and Dignity, p. 5-6.
1.4	Each participant is supported by the provider to make informed choices, exercise control and maximise their independence relating to the supports provided.	Still needed	Could you send us the policy or procedure that sets out how you support participants to make informed choices — including dignity of risk and access to advocates? Source: Provider Registration Rules and Quality Indicators Guidelines (version: November 2021, Version 4), at Core Module › 1. Rights and Responsibilities › Independence and informed choice, p. 6.

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1.5 Each participant accesses supports free from violence, abuse, neglect, exploitation or discrimination.	Evidenced	Held in: Preventing Violence Abuse Neglect and Exploitation Policy.docx, paragraph 5 <i>Prevention. We prevent violence, abuse, neglect and exploitation by screening every worker before engagement, by supervising practice, by explaining rights to each participant in a way they understand, and by keeping the service open to families, advocates and visitors.</i> Held in: Preventing Violence Abuse Neglect and Exploitation Policy.docx, paragraph 7 <i>Responding to an allegation. Where an allegation is made, the participant's immediate safety comes first. The participant is given information about, and assisted to contact, an independent advocate of their choosing, and the facilitation of that contact is recorded.</i> Held in: Preventing Violence Abuse Neglect and Exploitation Policy.docx, paragraph 8 <i>Reporting. Every allegation is recorded in the incident register and assessed for reporting to the NDIS Quality and Safeguards Commission and, where a criminal offence may have occurred, to the police.</i> Source: Provider Registration Rules and Quality Indicators Guidelines (version: November 2021, Version 4), at Core Module › 1. Rights and Responsibilities › Violence, Abuse, Neglect, Exploitation and Discrimination, p. 6.
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2 • Provider Governance and Operational Management

2.1	Each participant's support is overseen by robust governance and operational management systems relevant (proportionate) to the size, and scale of the provider and the scope and complexity of supports delivered.	Still needed	Could you send us your governance documents — the governing body structure, the delegations of authority, and your conflict-of-interest policy? Source: Provider Registration Rules and Quality Indicators Guidelines (version: November 2021, Version 4), at Core Module › 2. Provider Governance and Operational Management › Governance and Operational Management, p. 7.
2.2	Risks to participants, workers and the provider are identified and managed.	Still needed	Could you send us your risk register and risk management plan, plus current certificates of currency for your insurances? Source: Provider Registration Rules and Quality Indicators Guidelines (version: November 2021, Version 4), at Core Module › 2. Provider Governance and Operational Management › Risk Management, p. 7–8.
2.3	Each participant benefits from a quality management system relevant and proportionate to the size and scale of the provider, which promotes continuous improvement of support delivery.	Still needed	Could you send us your quality management system documents, including the internal audit program? Source: Provider Registration Rules and Quality Indicators Guidelines (version: November 2021, Version 4), at Core Module › 2. Provider Governance and Operational Management › Quality Management, p. 8.

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2.4	Management of each participant’s information ensures that it is identifiable, accurately recorded, current and confidential. Each participant’s information is easily accessible to the participant and appropriately utilised by relevant workers.	Evidenced	Held in: Privacy Dignity and Information Management Policy.docx, paragraph 5 <i>What we record. Each participant's information is recorded accurately, kept current, and identified so that the record belongs unmistakably to that participant.</i> Held in: Privacy Dignity and Information Management Policy.docx, paragraph 9 <i>Consent. Consent to collect, use and disclose information is sought in a way the participant understands, is recorded, and may be withdrawn at any time.</i> Source: Provider Registration Rules and Quality Indicators Guidelines (version: November 2021, Version 4), at Core Module › 2. Provider Governance and Operational Management › Information Management, p. 9.
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2.5	Each participant has knowledge of and access to the provider's complaints management and resolution system. Complaints and other feedback made by all parties are welcomed, acknowledged, respected and well-managed.	Evidenced	Held in: Complaints Management and Resolution Policy.docx, paragraph 9 <i>1. The worker who receives the complaint records it in the complaints register on the day it is received.</i> Held in: Complaints Management and Resolution Policy.docx, paragraph 4 <i>Purpose. This policy sets out how a participant, a family member, an advocate or a worker may make a complaint about our services, and how we resolve it. It applies to every worker and to every support we deliver.</i> Held in: Complaints Management and Resolution Policy.docx, paragraph 5 <i>Principles. We follow procedural fairness and natural justice. A person may complain without fear of retribution and continues to receive their supports while their complaint is open.</i> Source: Provider Registration Rules and Quality Indicators Guidelines (version: November 2021, Version 4), at Core Module › 2. Provider Governance and Operational Management › Feedback and Complaints Management, p. 9.
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2.6	Each participant is safeguarded by the provider's incident management system, ensuring that incidents are acknowledged, respond to, well-managed and learned from.	Evidenced	Held in: Incident Management Policy and Procedure.docx, paragraph 4 <i>Purpose. This policy sets out how we identify, record, respond to, resolve and learn from incidents that occur in connection with the supports we deliver. It complies with the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.</i> Held in: Incident Management Policy and Procedure.docx, paragraph 11 <i>5. Every incident is reviewed at the monthly practice meeting, the causes are identified, and the lessons and any change to practice are recorded against the item in the continuous improvement register.</i> Held in: Incident Management Policy and Procedure.docx, paragraph 12 <i>Records. The incident register is maintained whether or not an incident has occurred in a period; an empty register is kept and shown as such.</i> Source: Provider Registration Rules and Quality Indicators Guidelines (version: November 2021, Version 4), at Core Module › 2. Provider Governance and Operational Management › Incident Management, p. 10.
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2.7	Each participant’s support needs are met by workers who are competent in relation to their role, hold relevant qualifications, and who have relevant expertise and experience to provide person-centred support.	Evidenced	Held in: Human Resource Management and Worker Screening Policy.docx, paragraph 4 <i>Positions. Every position has a current position description setting out its responsibilities, the knowledge and skills the position requires, and the limitations of the role.</i> Held in: Human Resource Management and Worker Screening Policy.docx, paragraph 5 <i>Before engagement. No worker starts in a risk-assessed role until we have sighted a current NDIS worker screening clearance and recorded its number and expiry date in the worker register, and until referee checks and evidence of qualifications and experience are on the worker's file.</i> Held in: Human Resource Management and Worker Screening Policy.docx, paragraph 8 <i>Supervision. Workers receive supervision at a frequency proportionate to the complexity of the supports they deliver and to their experience, and supervision notes are kept.</i> Source: Provider Registration Rules and Quality Indicators Guidelines (version: November 2021, Version 4), at Core Module › 2. Provider Governance and Operational Management › Human Resource Management, p. 10–11.
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2.8	Each participant has access to timely and appropriate support without interruption.	Still needed	Could you send us the procedure that covers how supports continue when workers are away or things change — your backup and continuity arrangements? Source: Provider Registration Rules and Quality Indicators Guidelines (version: November 2021, Version 4), at Core Module › 2. Provider Governance and Operational Management › Continuity of Supports, p. 11.
2.9	Emergency and disaster management includes planning that ensures that the risks to the health, safety and wellbeing of participants that may arise in an emergency or disaster are considered and mitigated, and ensures the continuity of supports critical to the health, safety and wellbeing of participants in an emergency or disaster.	Evidenced	Held in: Emergency and Disaster Management Plan.docx, paragraph 4 <i>Purpose. This plan sets out how the risks to the health, safety and wellbeing of participants that may arise in an emergency or a disaster are considered, planned for and mitigated, and how continuity of supports is maintained.</i> Held in: Emergency and Disaster Management Plan.docx, paragraph 12 <i>Testing. This plan is tested annually with workers and participants and the test is recorded.</i> Source: Provider Registration Rules and Quality Indicators Guidelines (version: November 2021, Version 4), at Core Module › 2. Provider Governance and Operational Management › Emergency and Disaster Management, p. 11–12.

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3 • Provision of Supports

3.1	Each participant accesses the most appropriate supports that meet their needs, goals and preferences.	Still needed	Could you send us the document that sets out what supports you offer, any entry criteria, and the costs — the version participants actually see? Source: Provider Registration Rules and Quality Indicators Guidelines (version: November 2021, Version 4), at Core Module › 3. Provision of Supports › Access to supports, p. 12.
3.2	Each participant is actively involved in the development of their support plans. Support plans reflect participant needs, requirements, preferences, strengths and goals, and are regularly reviewed.	Evidenced	Held in: Support Planning and Review Policy.docx, paragraph 7 <i>Review. Each support plan is reviewed annually, or earlier in collaboration with the participant where their needs or circumstances change.</i> Held in: Support Planning and Review Policy.docx, paragraph 4 <i>Participant involvement. Each participant is actively involved in developing their support plan. With the participant's consent we work with the participant and the people in their support network so that the assessment and the plan are developed together.</i> Held in: Support Planning and Review Policy.docx, paragraph 5 <i>What the plan covers. The plan records the participant's needs, requirements,</i>

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			<i>preferences, strengths and goals, the supports agreed, who delivers them and when, and the strategies to be implemented where an assessment identifies a risk.</i> Source: Provider Registration Rules and Quality Indicators Guidelines (version: November 2021, Version 4), at Core Module › 3. Provision of Supports › Support Planning, p. 13–14.
3.3	Each participant has a clear understanding of the supports they have chosen and how they will be provided.	Still needed	Could you send us your service agreement template and one signed example (redacted as you see fit)? Source: Provider Registration Rules and Quality Indicators Guidelines (version: November 2021, Version 4), at Core Module › 3. Provision of Supports › Service Agreements with Participants, p. 14.
3.4	Each participant accesses responsive, timely, competent and appropriate supports to meet their needs, desired outcomes and goals.	Still needed	Could you send us the procedure that covers how supports are delivered — least-intrusive practice, matching workers to participants, and training for specific needs? Source: Provider Registration Rules and Quality Indicators Guidelines (version: November 2021, Version 4), at Core Module › 3. Provision of Supports › Responsive Support Provision, p. 14–15.
3.5	Each participant experiences a planned and coordinated transition to or from the provider.	Still needed	Could you send us your transition procedure — how participants come to you, leave you, and are supported through temporary transitions like a hospital stay? Source: Provider Registration Rules and Quality Indicators Guidelines (version: November 2021, Version 4), at Core Module › 3. Provision of Supports › Transitions to or from a provider, p. 15.

4 • Provision of Supports Environment

4.1	Each participant accesses supports in a safe environment that is appropriate to their needs.	Evidenced	Held in: Supported Independent Living House Handbook.docx, paragraph 6 <i>A safe home. Each participant is supported to live in a safe, respectful and supportive home environment. Safeguards are agreed with each participant to mitigate harm at home and when they access the community, and they are recorded in their plan and reviewed with them.</i> Held in: Incident Management Policy and Procedure.docx, paragraph 4 <i>Purpose. This policy sets out how we identify, record, respond to, resolve and learn from incidents that occur in connection with the supports we deliver. It complies with the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018.</i> Held in: Mealtime Management Procedure.docx, paragraph 4 <i>Purpose. This procedure sets out how mealtime management needs are identified, planned for and delivered so that each participant's meals are nutritious, safe and enjoyable.</i> Source: Provider Registration Rules and Quality Indicators Guidelines (version: November 2021, Version 4), at Core Module › 4. Provision of Supports Environment › Safe environment, p. 15–16.
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4.2	Participant money and property is secure and each participant uses their own money and property as they determine.	Still needed	Could you send us your procedure for handling participant money and property, including how transactions are recorded and accounted for? Source: Provider Registration Rules and Quality Indicators Guidelines (version: November 2021, Version 4), at Core Module › 4. Provision of Supports Environment › Participant Money and Property, p. 16.
4.3	Each participant requiring medication is confident their provider administers, stores and monitors the effects of their medication and works to prevent errors or incidents.	Evidenced	Held in: Medication Management Policy.docx, paragraph 11 <i>Storage. Medications are stored securely in a locked cabinet at the temperature the label requires, are differentiated by participant so that one participant's medication cannot be accessed for another, and are returned to the pharmacy when ceased or expired.</i> Held in: Medication Management Policy.docx, paragraph 5 <i>Who may administer. Only a worker who has completed medication competency training and has been assessed as competent may administer or assist with medication, and the assessment is recorded on their file. A worker administers medication only where the participant's plan and the prescriber's instructions say so.</i>

			Held in: Medication Management Policy.docx, paragraph 7 1. The worker checks the participant, the medication, the dose, the route and the time against the medication chart before administering it. Source: Provider Registration Rules and Quality Indicators Guidelines (version: November 2021, Version 4), at Core Module › 4. Provision of Supports Environment › Management of Medication, p. 17.
4.4	Each participant requiring mealtime management receives meals that are nutritious, and of a texture that is appropriate to their individual needs, and appropriately planned, and prepared in an environment and manner that meets their individual needs and preferences, and delivered in a way that is appropriate to their individual needs and ensures that the meals are enjoyable.	Evidenced	Held in: Mealtime Management Procedure.docx, paragraph 6 Mealtime plans. The participant's mealtime management plan is accessible to every worker providing the support and is available in the kitchen where meals are prepared. Held in: Mealtime Management Procedure.docx, paragraph 5 Assessment. Where a participant is identified as having a mealtime management need, we seek an assessment covering nutrition, swallowing, seating and positioning from an appropriately qualified practitioner, and the assessment is kept with the participant's file. Held in: Mealtime Management Procedure.docx, paragraph 12

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			<i>Reviewing. Each mealtime management plan is reviewed annually, or sooner where a worker observes difficulty with eating or drinking or where the practitioner advises.</i> Source: Provider Registration Rules and Quality Indicators Guidelines (version: November 2021, Version 4), at Core Module › 4. Provision of Supports Environment › Mealtime Management, p. 17–18.
4.5	Each participant, each worker, and any other person in the home is protected from harm as a result of exposure to waste, infectious or hazardous substances generated during the delivery of supports.	Still needed	Could you send us your waste management procedure, including the emergency plan for clinical waste or hazardous substances? Source: Provider Registration Rules and Quality Indicators Guidelines (version: November 2021, Version 4), at Core Module › 4. Provision of Supports Environment › Management of Waste, p. 18.

5 • Supported decision-making

5.1	(1) Each participant is supported to understand and make genuine decisions for themselves. (2) Each participant is provided with accessible information, and decision-making support, about: (a) the supports and services delivered in their home; and (b) the supports and services delivered to enable them to access their community.	Still needed	Could you send us your supported decision-making policy and procedure for the supports you deliver in participants' homes? Source: Provider Registration Rules and Quality Indicators Guidelines (version: Compilation No. 6, compilation date 1 July 2026 (F2026C00527); includes amendments up to F2026L00802), at Schedule 7A—Module 5A: Assistance with supported independent living › clause 3 Supported decision-making.
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6 • Safeguarding

6.1	(1) Each participant is supported to live in a safe, respectful and supportive home environment. (2) Each participant is supported to have adequate safeguards in place to mitigate harm at home and when participants access their community.	Still needed	Could you send us your safeguarding policy for the supports you deliver in participants' homes? Source: Provider Registration Rules and Quality Indicators Guidelines (version: Compilation No. 6, compilation date 1 July 2026 (F2026C00527); includes amendments up to F2026L00802), at Schedule 7A—Module 5A: Assistance with supported independent living › clause 4 Safeguarding.
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7 • Practice governance

7.1	(1) Each participant is supported in their home by workers that have the necessary training, knowledge and skills to support them. (2) Each participant is supported by workers that have the knowledge of, and guidance to use, evidence-informed practices that: (a) are tailored to the participant's needs; and (b) enable the provision of safe and high quality supports.	Still needed	Could you send us your worker development and training policy for home-delivered supports, and the procedure for decisions about who lives in a shared home? Source: Provider Registration Rules and Quality Indicators Guidelines (version: Compilation No. 6, compilation date 1 July 2026 (F2026C00527); includes amendments up to F2026L00802), at Schedule 7A—Module 5A: Assistance with supported independent living › clause 5 Practice governance.
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8 · Agreements about tenancy, housing and support arrangements

8.1 (1) Each participant who has a tenancy agreement with the provider is supported to understand how the terms and conditions of the tenancy agreement interact with their service agreement with the provider. (2) Each such participant is supported by effective tenancy management and is able to exercise choice and control and their tenancy rights.	Still needed	Could you send us one participant's service agreement and tenancy agreement (redacted as you see fit), plus the conflict-of-interest policy that covers holding both roles? Source: Provider Registration Rules and Quality Indicators Guidelines (version: Compilation No. 6, compilation date 1 July 2026 (F2026C00527); includes amendments up to F2026L00802), at Schedule 7A—Module 5A: Assistance with supported independent living › clause 6 Agreements about tenancy, housing and support arrangements.
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9 · Whole scheme

9.1 From 1 July 2026, a person must be registered under section 73E of the NDIS Act to provide assistance with supported independent living to a participant. For a provider that was not providing this support before 1 July 2026, the requirement applies to any provision of the support on or after 1 July 2026 — registration comes before delivering, with no transition period.	Still needed	Could you send us the Commission's confirmation of your registration covering assistance with supported independent living, or your lodged application for it? Source: Provider Registration Rules (version: Compilation No. 6, compilation date 1 July 2026 (F2026C00527); includes amendments up to F2026L00802), at s 7(4) (registration to provide assistance with supported independent living); application to providers not already delivering: s 32(2)(c) ('in any other case—on or after 1 July 2026'), Part 7. The same provision is also stated in Mandatory Registration Rules 2026: as made, Schedule 1 Part 1 item 2, which inserted subsection 7(4), and Schedule 1 Part 5 item 29, which inserted s 32.
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9.2	A provider that was providing assistance with supported independent living before 1 July 2026 without being registered is covered by a transition rule: if the provider applies for registration under subsection 73C(1) of the NDIS Act before 1 October 2026, the registration requirement takes effect for that provider on the day the Commissioner decides the application under subsection 73E(1); otherwise it takes effect on 1 October 2026.	Still needed	Could you send us your registration application receipt (dated before 1 October 2026) and something showing you were delivering this support before 1 July 2026? Source: Provider Registration Rules (version: Compilation No. 6, compilation date 1 July 2026 (F2026C00527); includes amendments up to F2026L00802), at s 32(2)(b), Part 7 — the SIL transition rule ('existing NDIS provider' is defined in s 32(1) as a person or entity, other than a registered NDIS provider, who was an NDIS provider immediately before 1 July 2026). The same provision is also stated in Mandatory Registration Rules 2026: as made, Schedule 1 Part 5 item 29, which inserted s 32 into Part 7.
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Documents still needed

Each document below would evidence the requirements beside it. If it already sits in something you have sent, say where; that is enough.

Could you send us the policy your team actually works to on participants' rights, informed choice and control – the current version, in whatever form you keep it?	For 1.1
Could you send us the procedure or plan template your team uses to record and respond to each participant's culture, values and beliefs?	For 1.2
Could you send us your privacy and dignity policy, together with the form or record you use when participants agree to their personal information being collected?	For 1.3
Privacy Dignity and Information Management Policy.docx – show us where it carries defined steps, numbered or listed, or send the version that does.	For 1.3
Could you send us the policy or procedure that sets out how you support participants to make informed choices – including dignity of risk and access to advocates?	For 1.4
Could you send us your governance documents – the governing body structure, the delegations of authority, and your conflict-of-interest policy?	For 2.1
Could you send us the qualifications or experience records for the people managing the service, along with a current organisation chart?	For 2.1
Could you send us a recent set of board or management-committee minutes – enough to show the oversight happening in practice?	For 2.1
Could you send us your risk register and risk management plan, plus current certificates of currency for your insurances?	For 2.2
Could you send us your quality management system documents, including the internal audit program?	For 2.3
Could you send us the most recent completed internal audit and the record of what changed because of it?	For 2.3

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Could you send us the procedure that covers how supports continue when workers are away or things change — your backup and continuity arrangements?	For 2.8
Could you send us the document that sets out what supports you offer, any entry criteria, and the costs — the version participants actually see?	For 3.1
Could you send us the intake or access decision records — the assessment behind a recent decision and the reason the supports offered were the most appropriate available?	For 3.1
Could you send us your service agreement template and one signed example (redacted as you see fit)?	For 3.3
Could you send us the procedure that covers how supports are delivered — least-intrusive practice, matching workers to participants, and training for specific needs?	For 3.4
Could you send us your transition procedure — how participants come to you, leave you, and are supported through temporary transitions like a hospital stay?	For 3.5
If any participant has transitioned to or from your service, could you send us the record of how that transition was planned and managed?	For 3.5
Could you send us your procedure for handling participant money and property, including how transactions are recorded and accounted for?	For 4.2
If you handle participant money at all, could you send us the transaction records or reconciliation for the last few months?	For 4.2
Could you send us your waste management procedure, including the emergency plan for clinical waste or hazardous substances?	For 4.5
Could you send us the training records for waste handling, and the incident records for anything involving infectious or hazardous substances?	For 4.5
Could you send us your supported decision-making policy and procedure for the supports you deliver in participants' homes?	For 5.1

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Could you send us the training records showing workers’ supported decision-making training, including refreshers?	For 5.1
Could you send us your safeguarding policy for the supports you deliver in participants’ homes?	For 6.1
Could you send us the safeguarding training records and the record of your last safeguarding review with participants?	For 6.1
Could you send us your worker development and training policy for home-delivered supports, and the procedure for decisions about who lives in a shared home?	For 7.1
Could you send us the training and competency assessment records for the workers delivering supports in participants’ homes?	For 7.1
Could you send us one participant’s service agreement and tenancy agreement (redacted as you see fit), plus the conflict-of-interest policy that covers holding both roles?	For 8.1
Could you send us the Commission’s confirmation of your registration covering assistance with supported independent living, or your lodged application for it?	For 9.1
Could you send us your registration application receipt (dated before 1 October 2026) and something showing you were delivering this support before 1 July 2026?	For 9.2

What this report rests on

Read against: NDIS Practice Standards — Core Module; NDIS Practice Standards — SIL supplementary module; Mandatory registration transition — SIL and NDIS digital platform services. 11 documents provided.

This describes what was found in the documents provided.

Reference D487AEA5. Prepared 6 September 2026 against the standards, rules as at 6 September 2026, checked against 13 pinned instruments.