

NDIS SIL Audit Readiness Checklist

Use this checklist to find your evidence gaps before the auditor does

MANDATORY FROM

1 July 2026

All SIL providers must register by this date

MODULE 1 — Core Standards

Required for all NDIS registered providers

1.1 Person-centred supports

- Support plan exists for every participant
- Each plan reflects their individual goals, strengths and preferences
- Plans have been reviewed within the last 12 months
- Plans are not generic templates — they reference the specific person
- *Common miss: Generic or copy-pasted support plans are one of the most common Stage 2 non-conformities*

1.2 Rights & responsibility of participants

- Complaints policy and procedure documented
- Complaints register active — every complaint logged
- Each complaint has a resolution date and outcome recorded
- Participants know how to raise a complaint and access an advocate
- *Common miss: Register exists but complaints have no resolution date or outcome — auditors look for closed loops*

1.3 Individual values and beliefs

- Cultural, linguistic and religious needs identified for each participant
- Each participant's support plan references their specific needs
- Staff training covers working with diverse backgrounds
- *Common miss: Mentioned in policy but not in individual support plans — policy alone is not sufficient evidence*

1.4 Privacy and dignity

- Privacy policy documented and current
- Staff have signed acknowledgement of privacy obligations
- Participant information is stored securely and accessed appropriately
- *Common miss: Privacy policy exists but no signed staff acknowledgement records on file*

1.5 Independence and informed choice

- Consent documented for all significant decisions
- Signed consent forms in each participant's file
- Processes support participants to make their own decisions
- *Common miss: Verbal consent only — auditors require written records for significant decisions*

1.6 Violence, abuse, neglect and discrimination

- Zero-tolerance policy documented and current
- Staff have completed VANED training — records on file with dates
- Incident register active — all incidents logged
- Participants know how to raise concerns safely
- *Common miss: Policy exists but no staff training records — and incident register is empty (looks like nothing is being captured)*

MODULE 2A — SIL Specific Standards

Required for Supported Independent Living
(Registration Group 0115)

2A.1 Safe environment

- Safety inspections completed and documented for each property
- Emergency evacuation procedures written and accessible
- Evacuation drills conducted — written records with date, staff and participants present
- Equipment register maintained — items safe and fit for purpose
- *Common miss: Drills happen verbally with no written record — a drill with no evidence didn't happen*

2A.2 Medication administration

- Only staff with current training administer medication
- Certificate of training on file for every staff member who administers medication
- Medication register maintained correctly for each participant
- Medication errors recorded and reported
- *Common miss: Staff trained informally with no certificate on file — informal training is not auditable evidence*

2A.3 Complex bowel care

- Only qualified staff deliver complex bowel care
- Participant-specific care plan in place with allied health sign-off
- Care plan includes practitioner name and review date
- *Common miss: Care plans exist but no allied health signature or review date — plans must show clinical oversight*

2A.4 Dysphagia supports

- All staff who support participants with dysphagia hold current training
- Training certificates dated within 2 years and on file
- Individual mealtime management plans in place for each participant who needs one
- *Common miss: Training completed but certificate expired or mealtime plans are generic rather than participant-specific*

2A.5 Epilepsy management

- Seizure action plan in place for each participant who needs one
- Plans accessible to all staff on every shift — not just in the office binder
- Staff have signed acknowledgement of each plan they're responsible for
- Emergency response protocols rehearsed and documented
- *Common miss: Seizure plan in the office folder that night and weekend staff have never seen*

2A.6 Behaviour support

- Behaviour Support Plan (BSP) developed by a registered NDIS practitioner
- Practitioner credentials on file
- Staff training records reference the specific participant's BSP
- Incidents involving behaviour recorded and reviewed
- *Common miss: BSP on file but staff training records don't name the specific plan — generic behaviour training is not enough*

Before you go into your audit

1

Do a gap check this week

Go through every standard above. Any checkbox you can't tick is a finding waiting to happen. Auditors can only assess what they can see — missing evidence is worse than imperfect evidence.

2

Check every staff credential expiry date

An expired NDIS Worker Screening Check is an automatic compliance failure. Pull every worker's records and flag anything expiring in the next 60 days.

3

Make sure every standard has a document physically attached

A policy in someone's email or a training completed in someone's head is not auditable evidence. Every standard needs at least one document uploaded, dated, and linked to it.

4

Don't forget the mid-term audit at 18 months

After registration, there's a mid-term audit focused on Module 2 at the 18-month mark. Most providers don't know about it until they get the reminder. Start keeping Module 2 evidence continuously.

Credential expiry quick-check

- NDIS Worker Screening Check — valid for 5 years, state-issued
- First Aid (HLTAID011) — valid for 3 years
- CPR (HLTAID009) — valid for 1 year
- NDIS Orientation Module (Quality, Safety and You) — once only, no expiry
- Manual Handling — check your organisation's renewal period (typically 2 years)
- Infection Control — check your organisation's renewal period
- Child Safe training — check state requirements
- Any participant-specific training (medication, dysphagia, BSP) — no expiry but must be current to the plan version

Alveko Ready tracks your evidence against every Practice Standard, flags gaps, and generates your audit pack when you're ready — so compliance is continuous, not a last-minute panic.

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