Disability Support Coordinator interview questions

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What to expect

Interviews for disability support coordinator roles sit at the meeting point of NDIS knowledge, casework judgement and plain human warmth. Employers want to see that you understand funding rules and practice standards, but they are just as interested in how you behave when a participant, a family member and a provider all want different things.

- **Role and NDIS knowledge:** Questions about plan management, funding categories, service agreements and the NDIS Practice Standards. Interviewers are checking you know the framework well enough to explain it to someone else.
- **Behavioural:** Questions asking for a real example from your casework, usually about advocacy, difficult conversations or managing competing priorities.
- **Scenario and judgement:** Hypothetical situations involving a plan running out of funding, a provider not delivering, or a participant at risk. They are testing how you think under pressure, not whether you get a single right answer.
- **Client facing and communication:** Questions about explaining complex information, building trust, and supporting choice and control with participants who may communicate differently.
- **Values and resilience:** Questions about why you do this work, how you manage the emotional load, and how you keep boundaries in a role with heavy human contact.

Most interviews run in two stages. The first is a conversation with a team leader or coordinator manager, covering your caseload experience, your understanding of the NDIS and a couple of behavioural questions, usually taking around 45 minutes. The second, if it happens, includes a scenario or written task, sometimes a short case note or a budget exercise, and may involve a participant or family member on the panel. Some organisations ask for a working with children check and NDIS worker screening before an offer is confirmed.

1. Walk me through how you would take on a new participant and get their supports running.

Why they ask

It shows whether you have a repeatable process rather than doing everything reactively, and whether you understand the sequence from welcome conversation to first service delivery.

How to structure your answer

A staged walk-through. Name each stage in order, say what you do at that stage and what you need from the participant, then finish with how you would know the setup is working.

Example answer

“I start with a conversation, not a form. I want to know what the participant's week looks like, what is working, what is falling over, and who else is in their life. From there I read the plan properly, checking the funding categories, the stated goals and any conditions or self management arrangements. Next I map what is already in place against what the plan funds and identify gaps. I contact current providers to confirm availability, rates and what they are actually delivering. Then I set up new service agreements, making sure each one is clear about hours, cancellation terms and reporting. Once supports start, I check in at two weeks and again at six weeks, because the first fortnight tells you whether the schedule fits real life. I would know it is working when the participant can tell me what is happening each week without checking with me first.”

2. Tell me about a time you had to advocate for a participant whose supports were not being delivered as planned.

Why they ask

Advocacy is the core of the role. The interviewer wants an example where you acted, not just noticed, and where you kept the participant's wishes in front of your own view of what was best.

How to structure your answer

Use STAR, but keep the situation and task brief and spend most of the answer on the action and the result, including what the participant wanted and how you checked with them.

Example answer

"A participant I supported had funding for weekly community access, but the provider had been cancelling most fortnights and billing for the cancelled shifts. The participant did not want to complain because she was worried about losing the support altogether. My task was to fix the delivery without losing the relationship. I asked her what she wanted to happen and she said she would rather keep the provider if they would turn up. I pulled six weeks of rosters and invoices, wrote to the provider's coordinator with the specific dates, and asked for a response in writing within a week. When that did not resolve it, I supported the participant to raise it with the NDIS Quality and Safeguards Commission and lined up a second provider as a backup. The original provider replaced the cancelled shifts and put a consistent worker on the roster. What mattered was that she made the call about staying, and I made sure she had the evidence and the options to make it."

3. A participant's plan budget is going to run out before the plan end date. What do you do?

Why they ask

This is a common and stressful situation. The interviewer is checking whether you panic, blame the participant, or work through the options methodically and early.

How to structure your answer

A judgement under pressure structure: stabilise first, assess what is driving the spend, then set out the options in order of least disruption, and say who you would involve and when.

Example answer

"First I would find out why. A plan can run down because rates are higher than expected, because a support was approved in principle but never negotiated, or because the participant's needs have changed. I would pull the budget in Lumary, compare committed hours against what has actually been delivered and check for any billing errors or invoices that should have come from another funding source. Then I would sit with the participant and explain the position in plain language, without blame. We would look at the options together: pausing or reducing lower priority supports, moving some costs to a different budget category if that is allowed, checking whether the participant can contribute from their own funds for something they value, or bringing the review forward. I would contact the planner early rather than waiting, and document everything. What I would not do is let it get to the last fortnight without anyone noticing."

4. How do you explain funding categories and plan management options to a participant who finds the language confusing?

Why they ask

Support coordination lives or dies on whether a participant can make an informed choice. This question tests plain language and patience, not policy recitation.

How to structure your answer

Answer with a short worked explanation, then describe how you check understanding and follow up in writing.

Example answer

“I avoid the acronyms completely at first. I explain that the plan has a few pots of money, each with rules about what it can pay for, and I use the participant's own supports as examples: this pot pays for your support worker, this one pays for the physio, this one pays for the coordination I do. For plan management I set out the three common arrangements as choices with trade offs, self managed means you pay and claim and keep the records, plan managed means someone else handles the invoices for a fee, agency managed means the NDIS pays providers directly. I ask them to tell me back which one sounds right for them, which usually shows me where the confusion still is. Then I send a one page summary in plain English so they have it in writing and can talk it over with family. If they would rather hear it from someone else, I offer to bring in an advocate or a trusted person.”

5. A provider and a participant's family disagree about what supports should be in the plan. How would you handle it?

Why they ask

Coordinators sit between people who all care about the same person but often disagree. The interviewer is looking for neutrality, clear process and a firm commitment to the participant's own wishes.

How to structure your answer

A conflict resolution structure: clarify each position separately, establish what the participant wants, identify what is actually in the plan, then facilitate and, if needed, escalate or document.

Example answer

“I would speak to each party separately before bringing them together, because people say different things in a room than they do one to one. I would want to understand the provider's reasoning, which is usually about duty of care or capacity, and the family's worry, which is usually about safety. Then I would go back to the participant, privately, and establish what they want, because that is the starting point even when it is not the final answer. I would check the plan itself, since it may already settle the question of what is funded and what is not. If there is still disagreement I would facilitate a meeting with an agreed purpose and a clear agenda, and I would follow up in writing with what was decided and who is doing what. If a safeguarding concern comes up, that goes to my manager and, if needed, to the NDIS Commission, regardless of how the family feels about it.”

6. What does choice and control mean in your day to day work, and how do you keep it visible?

Why they ask

This is a values question. Employers want to hear a practical answer, not a slogan, because choice and control is easy to say and hard to practise when a participant makes a decision you would not make yourself.

How to structure your answer

Answer as a values question with two parts: state your position briefly, then give concrete examples of how it shows up in routine tasks and how you handle disagreement with a participant's decision.

Example answer

“For me choice and control means the participant sets the direction and I organise the logistics around it. In practice that shows up in small things. I ask before I contact a provider rather than after. I give options with real trade offs instead of one recommendation dressed up as a choice. I write reports in the participant's words where I can, and I check the draft with them before it goes to a planner. When a participant makes a decision I would not make myself, and it does not involve risk to themselves or anyone else, I support it and I write down that it was their decision and that I explained the consequences. If the decision does involve risk, I talk it through openly, involve the people they want involved, and follow the safeguarding process rather than quietly overriding them.”