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The Great NDIS Divide

Analysing geographic disparities in NDIS participation rates

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The Great NDIS Divide - Analysing geographic disparities in NDIS participation rates

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Research overview – why examine geographic disability rates?

The rapid growth in NDIS expenditure – averaging over 20 per cent annually in recent years – is one of the most challenging public policy issues facing the Commonwealth Government. The sustainability of the NDIS is vital for both disabled Australians who need support, and the trajectory of the Commonwealth Budget.

The Government's recent acknowledgment that its previous target of 8 per cent annual growth was insufficient and subsequent consideration of a new target of 5 to 6 per cent growth is welcome, but does not go far enough. This would still leave the growth in NDIS costs far outpacing economic growth, which is unsustainable.

With the NDIS rollout complete, a more appropriate target would be for spending on the Scheme to grow no faster than spending on universal healthcare through Medicare and the Pharmaceutical Benefits Scheme (PBS). Analysis of Parliamentary Budget Office data shows that combined Commonwealth spending on medical services and benefits and the PBS is expected to grow by 3.7% per year, on average over the forward estimates from 2025-26 to 2028-29. Menzies Research Centre (MRC) analysis demonstrates that if NDIS expenses were to grow at the same rate, spending would be around \$16.5 billion lower over the same time period compared to forecast spending in the 2025-26 Budget.

Constraining NDIS spending growth to sustainable levels will require complex, data driven, policy responses across all parts of the Scheme. This must include an examination of all disabilities eligible for support. Recent revelations that 1 in 10 children aged 5 to 7 are on the NDIS – including 1 in 7 boys of this age and 1 in 6 six-year old boys – are illustrative of the problem, but only part of the story.



Analysis of NDIS data undertaken by the MRC shows that, in addition to high NDIS participation rates in certain age groups, there is significant disparity in NDIS participation rates across small geographic areas. There is also some evidence of correlation between the rates of some disabilities and others – for example, the higher the proportion of NDIS participants with autism, generally the lower the rate of psychosocial disability. These trends warrant further investigation by the Government.

The MRC conducted a targeted analysis of NDIS participant data across greater Sydney at the Local Government Area (LGA) and Statistical Area 2 (SA2) level, across 33 LGAs and 93 SA2s.¹ ABS Regional Population data was used to construct population estimates for the relevant LGAs and SA2s as at 30 June 2024, in order to determine the approximate percentage of the population in these areas who were NDIS participants.^{2,3,4} For this analysis, we used older NDIS data from Q4 2023-24 as the closest publicly available data to the time period of the population estimates (the most recent available data is for Q3 2024-25). This may underestimate the current rate of participation in some areas, given significant ongoing growth in the NDIS since Q3 2023-24.

This research examined total NDIS active participant numbers, as well as participants with a diagnosis of **autism, developmental delay, intellectual disability** or **psychosocial disability**. These disabilities were chosen because they involve a spectrum of potential diagnoses and treatments and they account for a large proportion of NDIS participants. More than 1 in 3 NDIS participants have a diagnosis of autism as their primary disability, 1 in 7 of an intellectual disability, 1 in 10 of developmental delay and 1 in 10 of a psychosocial disability.⁵

Disabilities examined

Autism: Diagnosed by a specialist multidisciplinary team using Diagnostic and Statistical Manual of Mental Disorders criteria.

Developmental delay: Young children who are considered to have a substantial reduction in functional capacity.

Intellectual disability: A clinically diagnosed and assessed moderate, severe, or profound intellectual disability, in accordance with Diagnostic and Statistical Manual of Mental Disorders criteria.

Psychosocial disability: A disability resulting from a mental health condition where the impairment is permanent or likely to be permanent, and significantly impairs function in daily life.

These four disabilities account for the majority of NDIS costs. For the period examined, 58.6 per cent of NDIS payments nationally went to participants who were diagnosed with one of these four primary disabilities. Participants with a primary disability of developmental delay accounted for only 2.4 per cent of NDIS payments, despite representing 1 in 10 participants. However, the prevalence of this group is of significant public policy interest for understanding long-term NDIS costs, because this disability categorisation is only given specifically to young children. If the development of these children does not 'catch up' as they age, they will be reassigned to another disability category, which may account for a higher proportion of NDIS costs.

1 SA2s are medium-sized, general-purpose geographic units, designed by the Australian Bureau of Statistics to represent a social and economic community. SA2s usually comprise a population of 3,000 to 25,000 and often correspond to suburbs in urban areas or functional zones in rural areas.

2 [Regional population, 2023-24 financial year | Australian Bureau of Statistics](#)

3 ABS estimates were backcast to align with 2016 LGAs and SA2s used by the NDIA.

4 Population estimates do not account for the proportion of the population that may be eligible for the NDIS (citizens and permanent residents aged under 65).

5 Note that participants can be diagnosed with multiple conditions.

This analysis does not attempt to explain *why* the rates of NDIS participation and prevalence of particular disabilities varies widely by LGA and SA2 within Sydney. These disparities may be explained by factors such as age distribution, cultural background, family income, or other factors. What is clear, however, is that the disparities are so significant that they cannot be attributed to a single factor. Understanding this disparity requires further investigation by the Government and may necessitate further policy changes, in addition to those recently announced regarding mild-to-moderate autism among children.

Sydney was chosen for this analysis because it is a readily understandable geographic area with a large number of diverse LGAs. Pending receipt of data from the NDIA, the MRC intends to conduct further analysis of NDIS participation rates nationally.

Key findings

The data shows significant variations in NDIS participation rates and specific disability rates by LGA and SA2.⁶ Variations at the SA2 level are substantial, and can be very significant even within the same LGA.

NDIS participation rates and rates of autism, developmental delay and intellectual disability are generally much higher than the average (for Greater Sydney) in Western Sydney, North West Sydney and South West Sydney. They are much lower in Northern and Eastern Sydney.

Rates of psychosocial disability are more geographically varied and do not follow a clear pattern. Interestingly, where a higher proportion of NDIS participants in a given area have autism, the rate of psychosocial disability is generally much lower than average.

The overall NDIS participation rate in a given LGA appears strongly correlated with the rate of intellectual disability and developmental delay, and somewhat correlated with the rate of autism. It does not appear to be correlated with the rate of psychosocial disability.

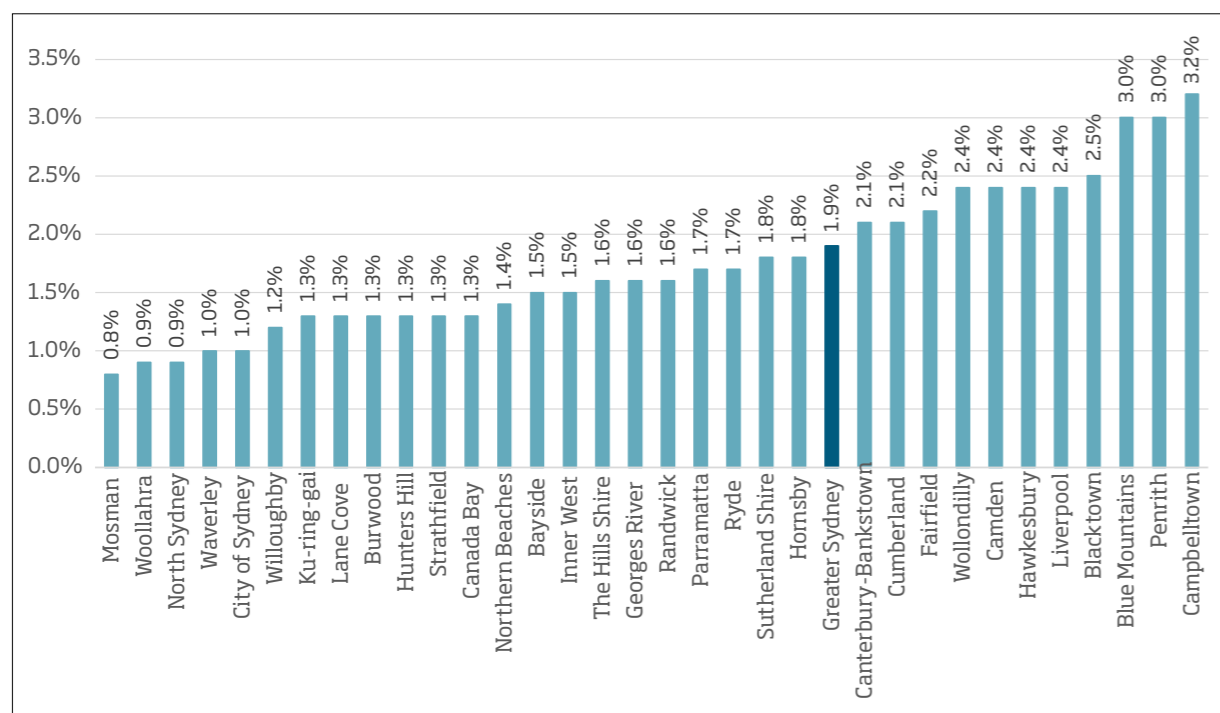
Local Government Areas

NDIS overall participation

- Around 1 in 50 people in Greater Sydney are active NDIS participants (1.9%).
 - 11 of the LGAs examined have participation rates higher than 1.9% and the remaining 22 LGAs below 1.9% (**Figure 1**).
- The NDIS participation rate is as high as 1 in 30 residents in Campbelltown and as low as 1 in 125 residents in Mosman. The participation rate in Campbelltown (3.2%) is four times higher than Mosman (0.8%).
 - There are eight LGAs where more than 1 in 45 residents is an active NDIS participant, including four where this rate is 1 in 40 or higher.
 - There are 12 LGAs where this rate is lower than 1 in 75, including five where it is 1 in 100 or lower.
- Of the 10 LGAs with the highest NDIS participation rate, nine are in Western, North West or South West Sydney.
 - The 10th is Canterbury-Bankstown and the 11th is Cumberland, both in inner western Sydney.

6 NDIS participation rates are calculated by dividing estimated population by the number of active participants.

Figure 1 – NDIS participation rate, by LGA



Autism

- Around 1 in 150 people in Greater Sydney are active NDIS participants with primary disability of autism (0.66%).
 - 10 of the LGAs examined have participation rates higher than 0.66% and the remaining 23 LGAs below 0.66% (Figure 2).
- The rate of autism is as high as 1 in 70 residents in the Blue Mountains and as low as 1 in 415 residents in the City of Sydney. The rate of autism in the Blue Mountains (1.43%) is six times higher than the City of Sydney (0.24%).
 - There are six LGAs where 1 in 100 or more residents have autism. There are five LGAs where this figure is 1 in 300 or lower.
- Of the 10 LGAs with the highest rate of autism, eight are in Western, North West or South West Sydney.
 - The 9th is Sutherland Shire and the 10th is Canterbury-Bankstown.
- The rate of autism is strongly correlated with the overall NDIS participation rate (Figure 4).
 - Nine of the 10 LGAs with the highest NDIS participation rate are also in the top 10 LGAs with the highest rate of autism (the 10th, Fairfield, has the 11th highest autism rate).
 - The 10 LGAs with the lowest NDIS participation rate also have the lowest rates of autism.
- The proportion of NDIS recipients with a primary disability of autism varies significantly by LGA (Figure 3).
 - The proportion of recipients with autism is as high as 48% in the Blue Mountains and as low as 24.3% in the City of Sydney.
- The data implies that, in some areas, autism diagnoses are only part of the story behind high NDIS participation rates.

- The proportion of NDIS participants with a primary diagnosis of autism is somewhat correlated with the overall NDIS participation rate, however there are significant outliers (Figure 5).
 - For example, the NDIS participation rate and rate of autism in Ku-ring-gai are 1.3% and 0.55% respectively (ranked 22nd and 15th among LGAs), well below the rate of Greater Sydney. However, 42.2% of NDIS participants have a primary diagnosis of autism, the 4th highest rate among LGAs.
 - Of the 10 LGAs with the highest proportion of NDIS recipients with autism, six are in the top 10 for the highest rate of NDIS participants.
- Similarly, while LGAs with a higher autism rate also tend to have a higher proportion of NDIS participants with a primary diagnosis of autism, there are outliers where this relationship is not as strong and there may be other disabilities driving overall NDIS participation rates (Figure 6).
 - The proportion of NDIS participants with a primary diagnosis of autism appears weakly positively correlated with the rate of developmental delay and intellectual disability. The higher the proportion of NDIS participants with autism, generally the higher the rate of those disabilities (Figures 7 & 8).
 - The proportion of NDIS participants with a primary diagnosis of autism appears weakly negatively correlated with the rate of psychosocial disabilities. The higher the proportion of NDIS participants with autism, generally the lower the rate of psychosocial disability (Figure 9).
 - Of the 10 LGAs with the lowest rate of psychosocial disability, seven are in the top 11 LGAs with the highest proportion of NDIS participants with autism.

Figure 2 – Autism as a primary disability, by LGA

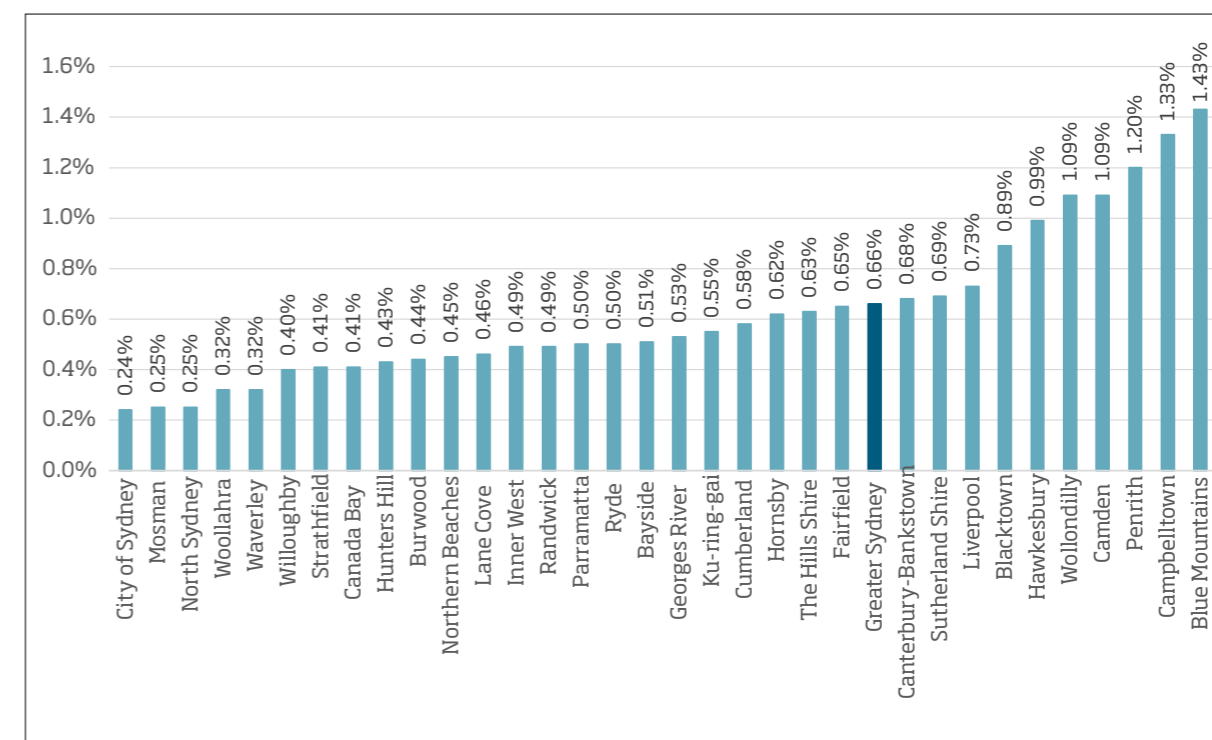


Figure 3 – Proportion of NDIS recipients with a primary disability of autism, by LGA

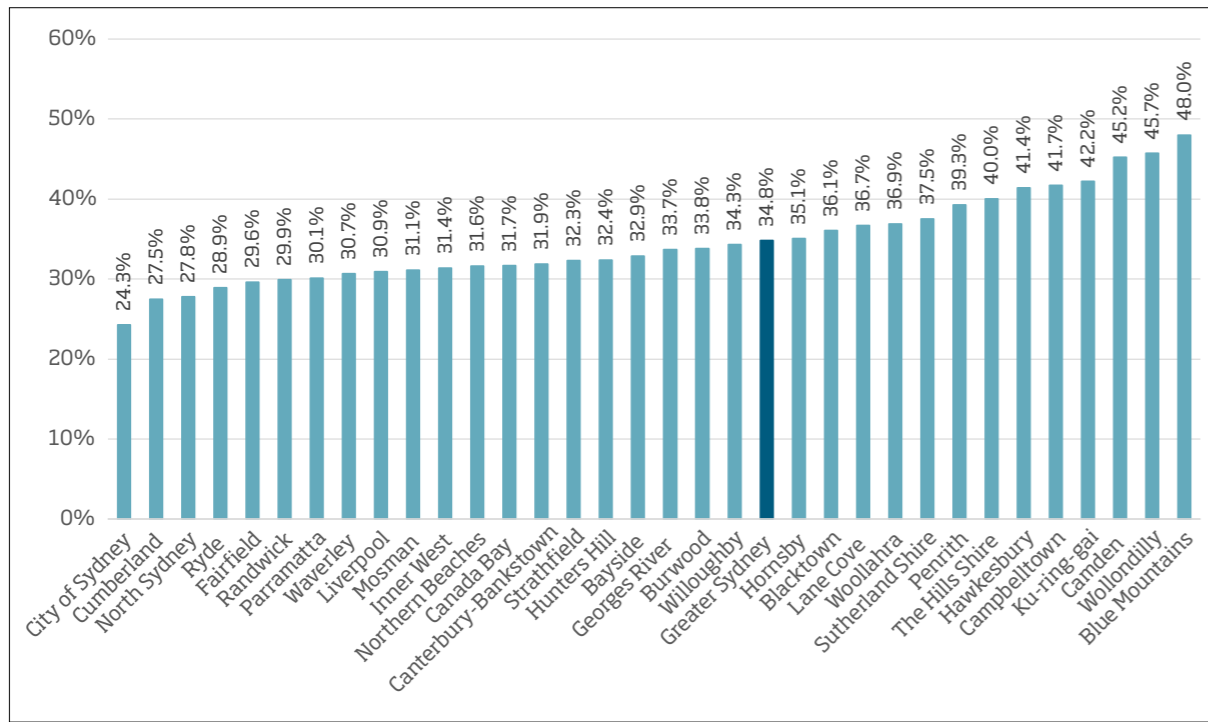


Figure 4 – NDIS participation rate and autism rate, by LGA

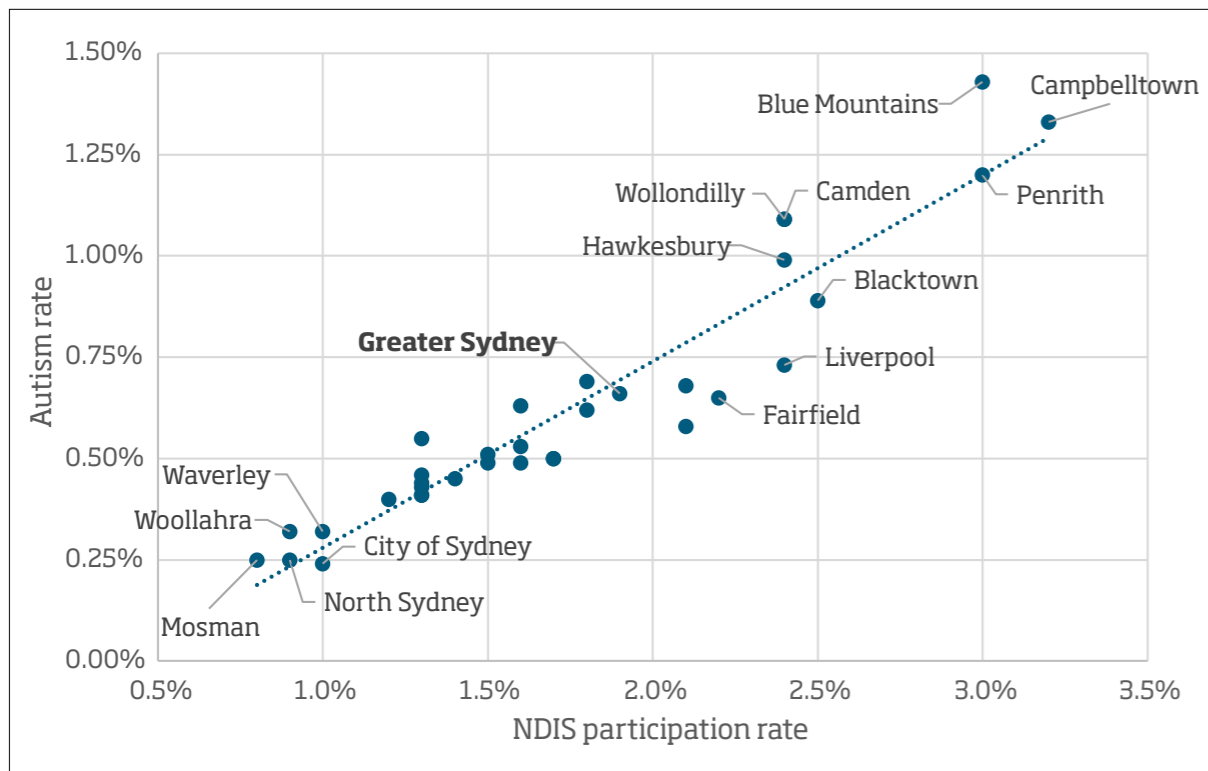


Figure 5 – NDIS participation rate and proportion of participants with autism, by LGA

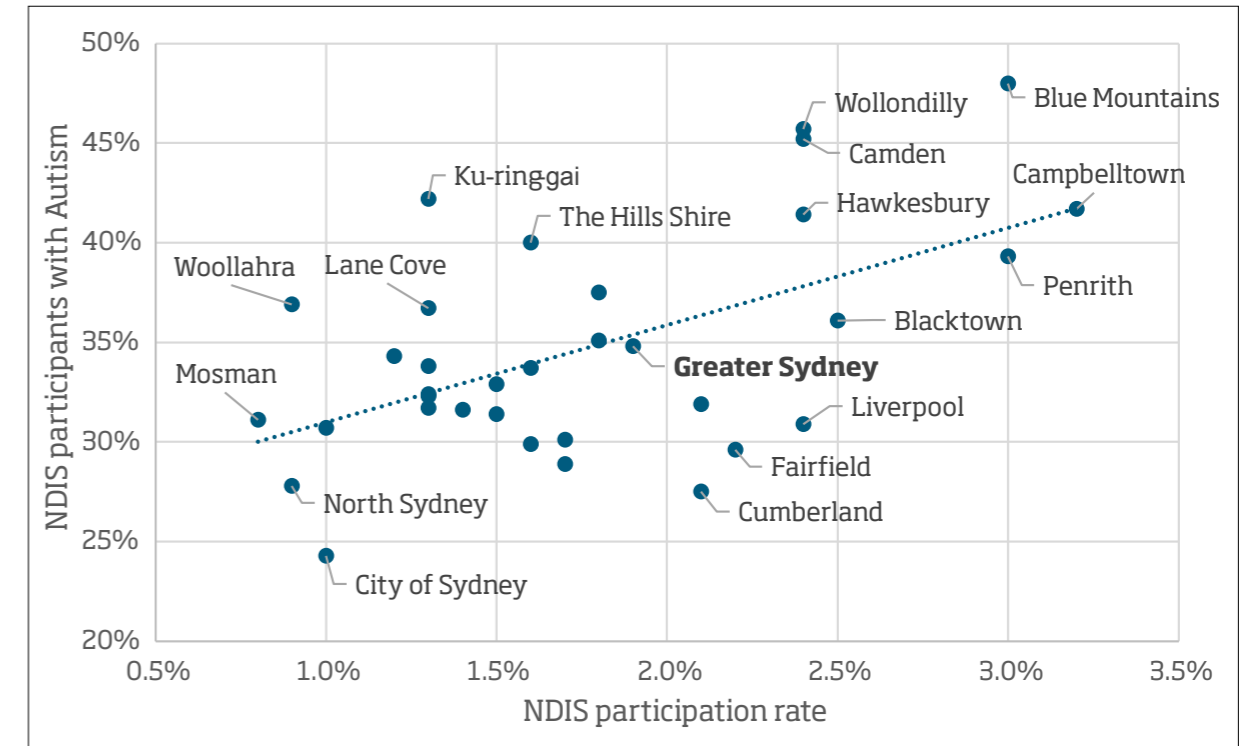


Figure 6 – NDIS participants with autism and autism rate, by LGA

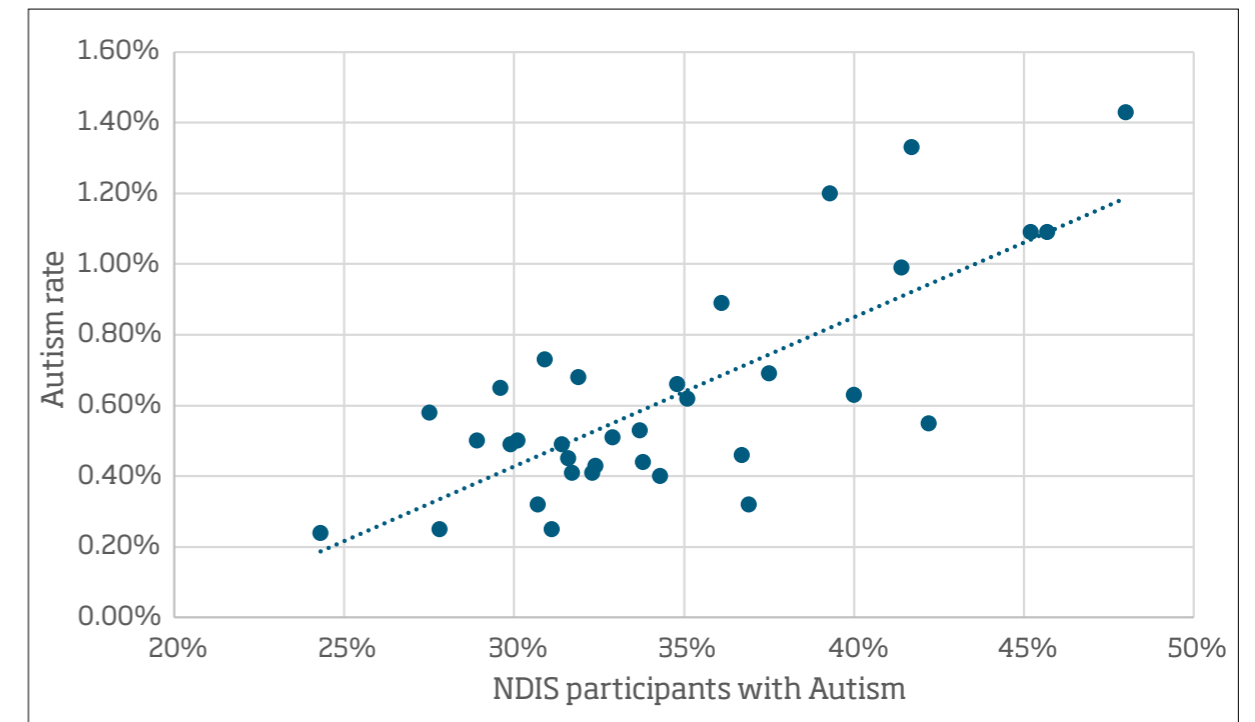


Figure 7 – NDIS participants with autism and developmental delay rate, by LGA

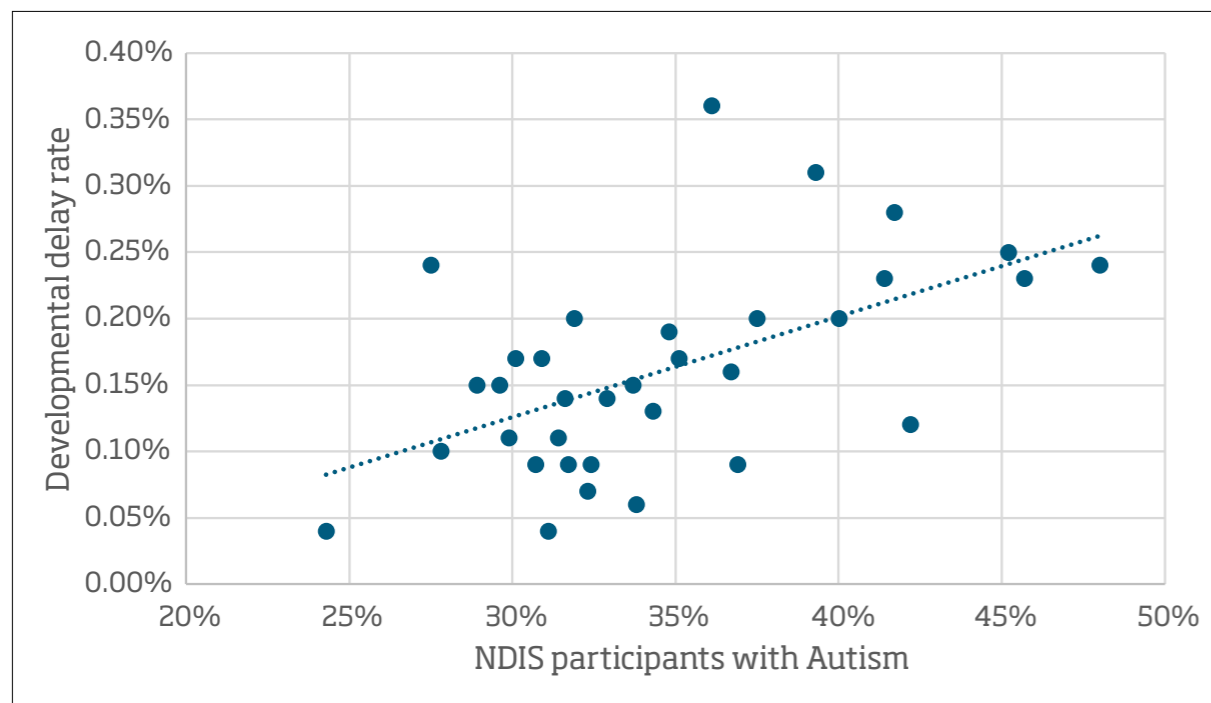


Figure 8 – NDIS participants with autism and intellectual disability rate, by LGA

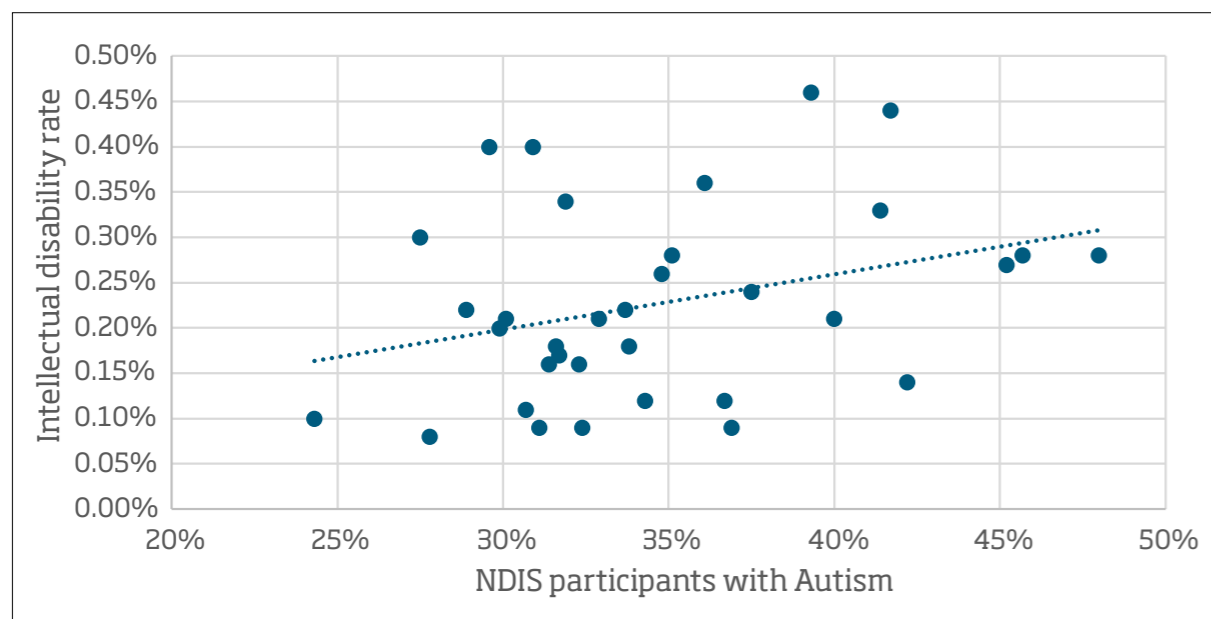
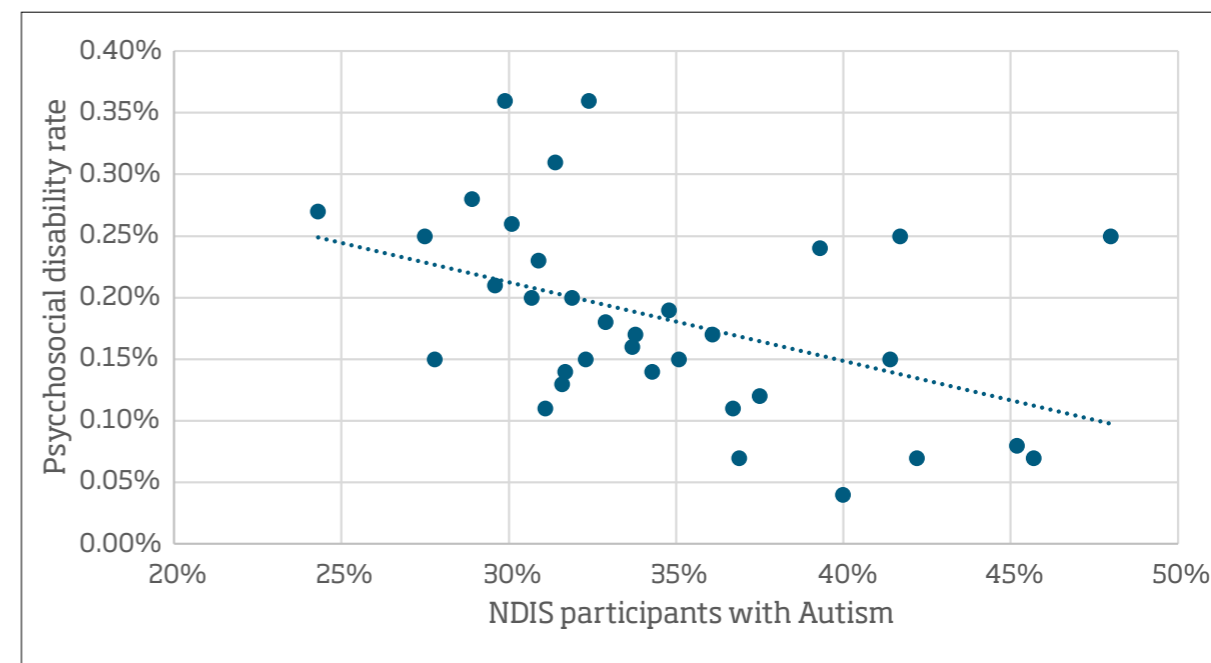


Figure 9 – NDIS participants with autism and psychosocial disability rate, by LGA



Developmental delay

Note: NDIS developmental delay assistance is provided to young children, so rates of developmental delay will be impacted by the number of children in a given area. This relationship has not been examined as part of this research.

- Around 1 in 526 people in Greater Sydney are active NDIS participants with primary disability of developmental delay (0.19%).
 - 11 of the LGAs examined have participation rates higher than 0.19% and the remaining 22 LGAs below 0.19% (**Figure 10**).
- The rate of developmental delay is as high as 1 in 278 residents in Blacktown and as low as 1 in 2,500 residents in Mosman. The rate of developmental delay in Blacktown (0.36%) is nine times higher than Mosman (0.04%).
 - There are six LGAs where around 1 in 400 residents or more have a developmental delay. There are four LGA where this rate is lower than 1 in 1400.
- Of the 10 LGAs with the highest rate of developmental delay, seven are in Western, North West or South West Sydney.
 - A further two, Cumberland and Canterbury-Bankstown, are in inner western Sydney.
- The rate of developmental delay appears strongly correlated with the overall NDIS participation rate (**Figure 11**).
 - Of the 10 LGAs with the highest rate of developmental delay, eight are in the top 10 with the highest overall NDIS participation rate.

Figure 10 – Developmental delay as a primary disability, by LGA

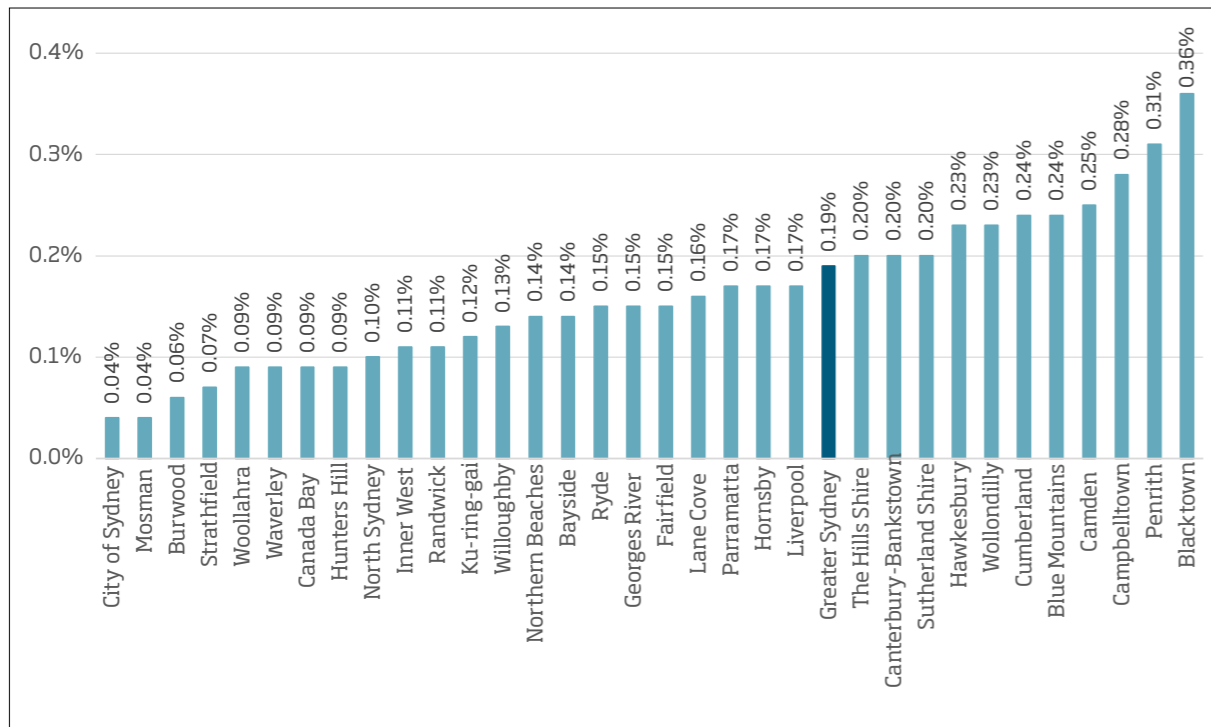
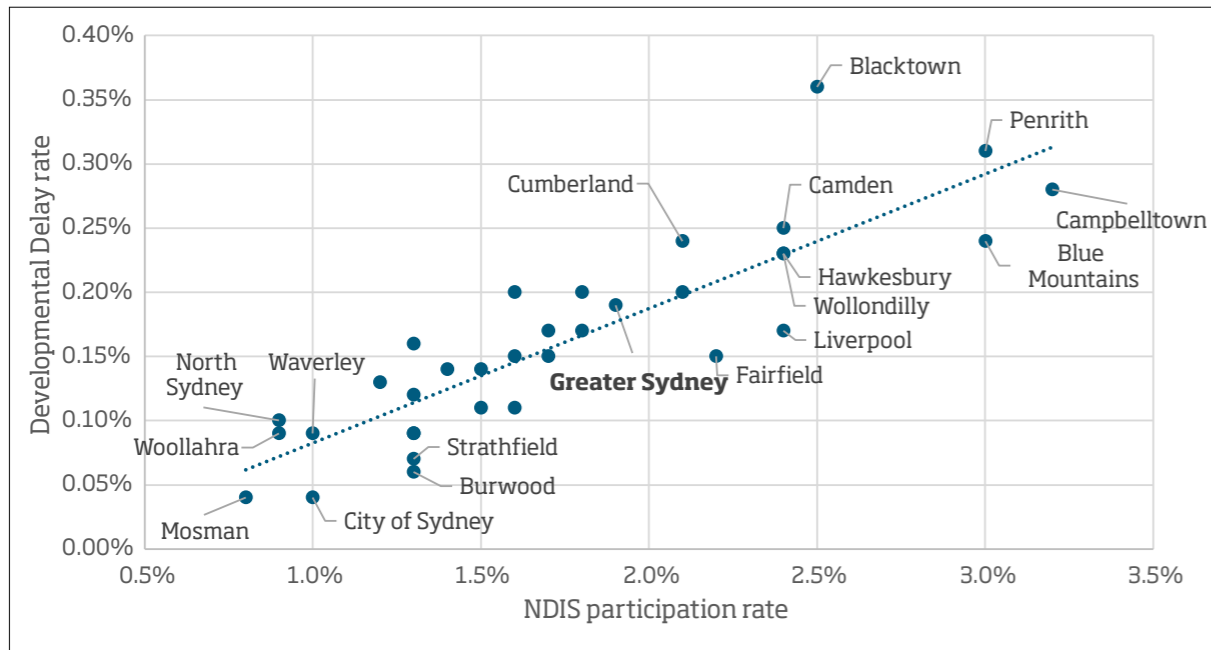


Figure 11 – NDIS participation rate and developmental delay rate, by LGA



Intellectual disability

- Around 1 in 285 people in Greater Sydney are active NDIS participants with primary disability of an intellectual disability (0.26%).
 - 12 of the LGAs examined have participation rates higher than 0.26% and the remaining 21 LGAs below 0.26% (**Figure 12**).
- The rate of intellectual disability is as high as 1 in 217 residents in Penrith and as low as 1 in 1,250 residents in North Sydney. The rate of intellectual disability in Penrith (0.46%) is around six times higher than North Sydney (0.08%).
 - There are four LGAs where 1 in 250 or more residents have an intellectual disability. There are five LGAs where this rate is 1 in 1000 or lower.
- Of the 10 LGAs with the highest rate of intellectual disability, eight are in Western, North West or South West Sydney.
 - The remaining two, Cumberland and Canterbury-Bankstown, are in inner Western Sydney.
- The rate of intellectual disability appears strongly correlated with the overall NDIS participation rate (**Figure 13**).
 - Of the 10 LGAs with the highest rate of intellectual disability, nine are in the top 10 with the highest overall NDIS participation rate.

Figure 12 – Intellectual disability as a primary disability by LGA

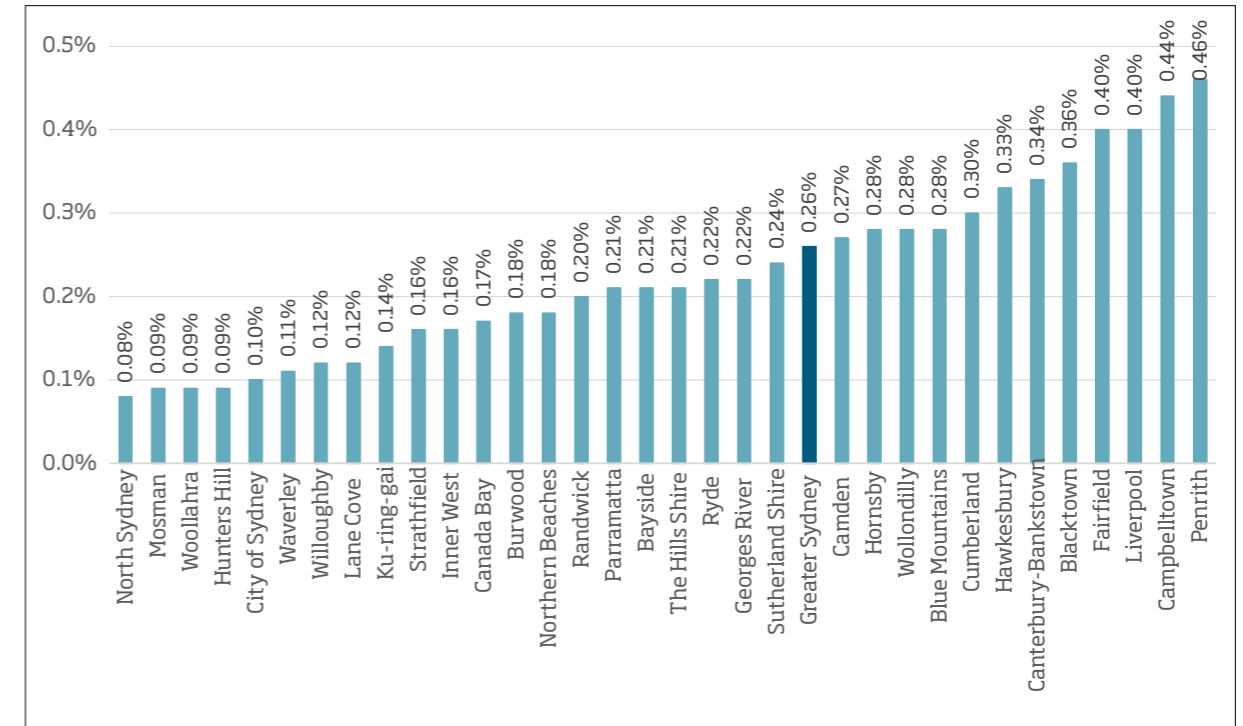
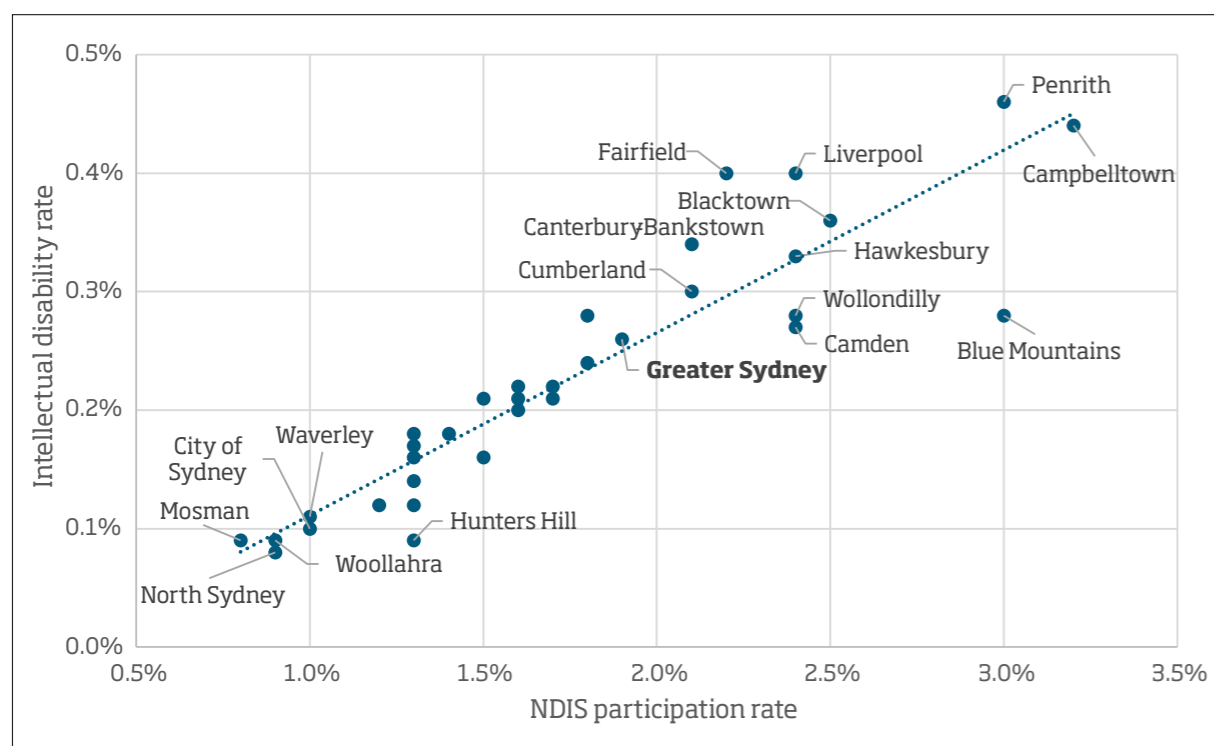


Figure 13 – NDIS participation rate and intellectual disability rate, by LGA



Psychosocial disability

- Around 1 in 526 people in Greater Sydney are active NDIS participants with primary disability of a psychosocial disability (0.19%).
 - 14 of the LGAs examined have participation rates higher than 0.19% and the remaining 19 LGAs below 0.19% (**Figure 14**).
- The rate of psychosocial disability is as high as 1 in 278 residents in Randwick and as low as 1 in 2,500 residents in The Hills Shire. The rate of psychosocial disability in Randwick (0.36%) is around nine times higher than The Hills (0.04%)
 - There are nine LGAs where 1 in 400 or more residents have a psychosocial disability. There are five LGAs where this rate is 1 in 1,250 or lower.
- The geographic pattern of psychosocial disability differs significantly from the other disabilities examined. Of the 10 LGAs with the highest rate of psychosocial disability, only three are in Western, North West or South West Sydney.
 - The remaining seven are spread across Eastern, Central, inner Western and inner Northern Sydney.
 - Several of the LGAs in Western, North West and South West Sydney with much higher rates of the other disabilities, have below or well below the average rate of psychosocial disability.
- The rate of psychosocial disability does not appear to be correlated with the overall NDIS participation rate (**Figure 15**).
 - Of the 10 LGAs with the highest rate of psychosocial disability, only three are in the top 10 with the highest overall NDIS participation rate (7th, 9th and 10th). All are in Western, North West or South West Sydney.

Figure 14 – Psychosocial disability as a primary disability by LGA

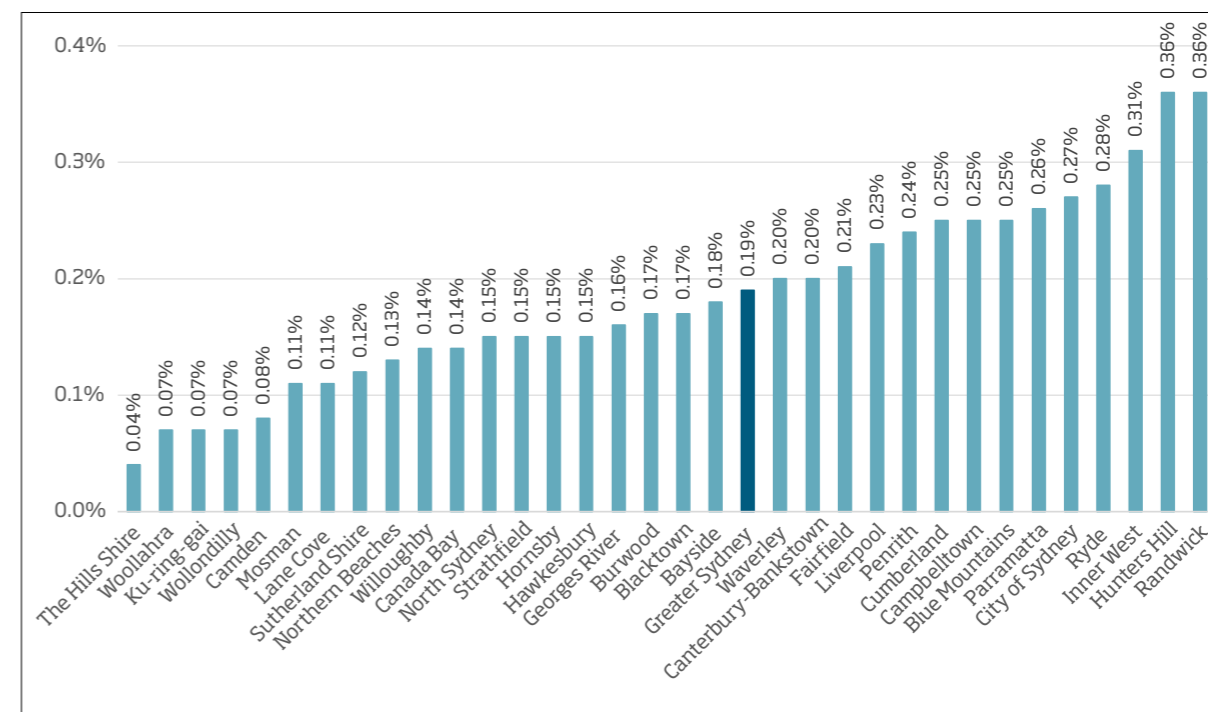
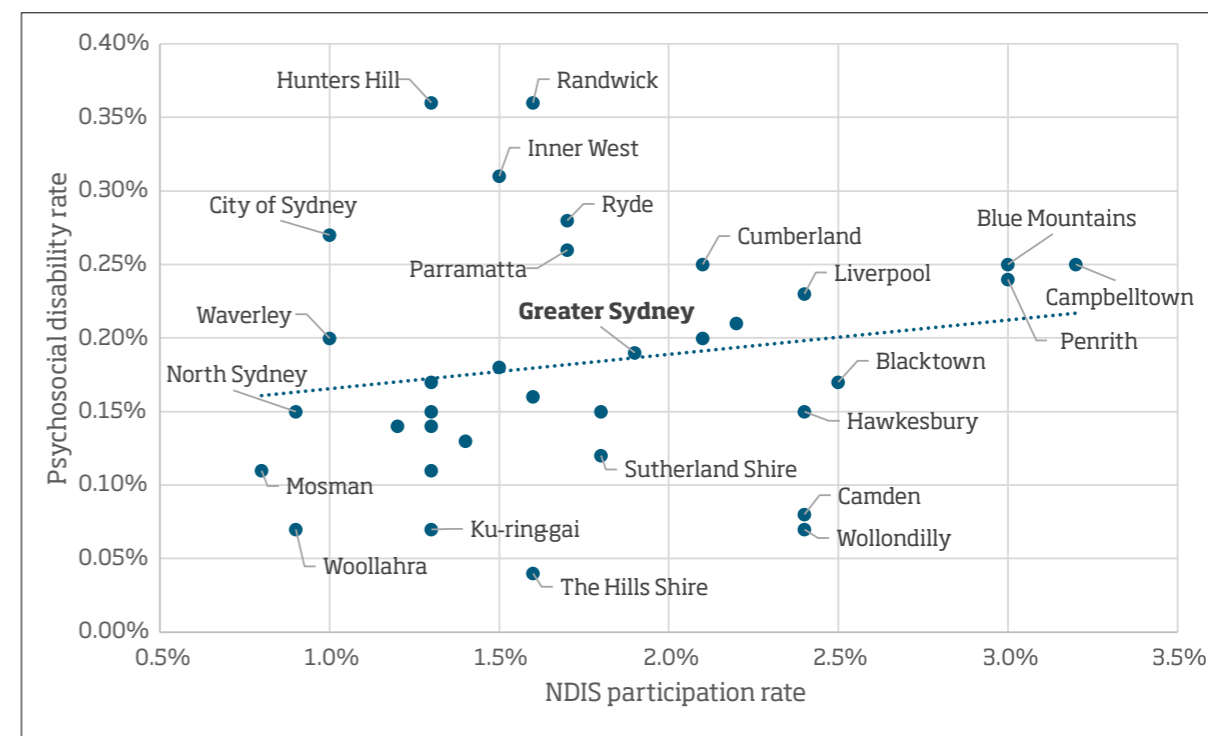


Figure 15 – NDIS participation rate and psychosocial disability rate, by LGA



Statistical Area 2

To further understand the geographic variations in NDIS participation, this report also includes a targeted analysis of SA2s within selected LGAs.

The analysis below includes 10 LGAs. These include the nine LGAs with the highest NDIS participation rate (Blue Mountains, Blacktown, Camden, Campbelltown, Fairfield, Hawkesbury, Liverpool, Penrith, Wollondilly). The 10th LGA, Randwick, was chosen because it has the highest rate of psychosocial disability, despite having a lower than average overall NDIS participation rate (1.6%, ranked 18th of 33 LGAs).

The geographic differences in NDIS participation rates across Greater Sydney at the LGA level are even starker at the SA2 level. This is true even within individual LGAs (**Boxes 1-5 below**). The differences may have been even starker had all SA2s in Greater Sydney been included in the analysis.

Box 1 – NDIS participation rate, selected LGAs



Dark shading indicates figure for entire LGA.
Some SA2s are not included for some disabilities where the exact number of cases is not reported by the NDIS for privacy reasons.

Box 2 – Blacktown, disability rates by SA2



Dark shading indicates figure for entire LGA.
Some SA2s are not included for some disabilities where the exact number of cases is not reported by the NDIS for privacy reasons.

Box 3 – Liverpool, disability rates by SA2



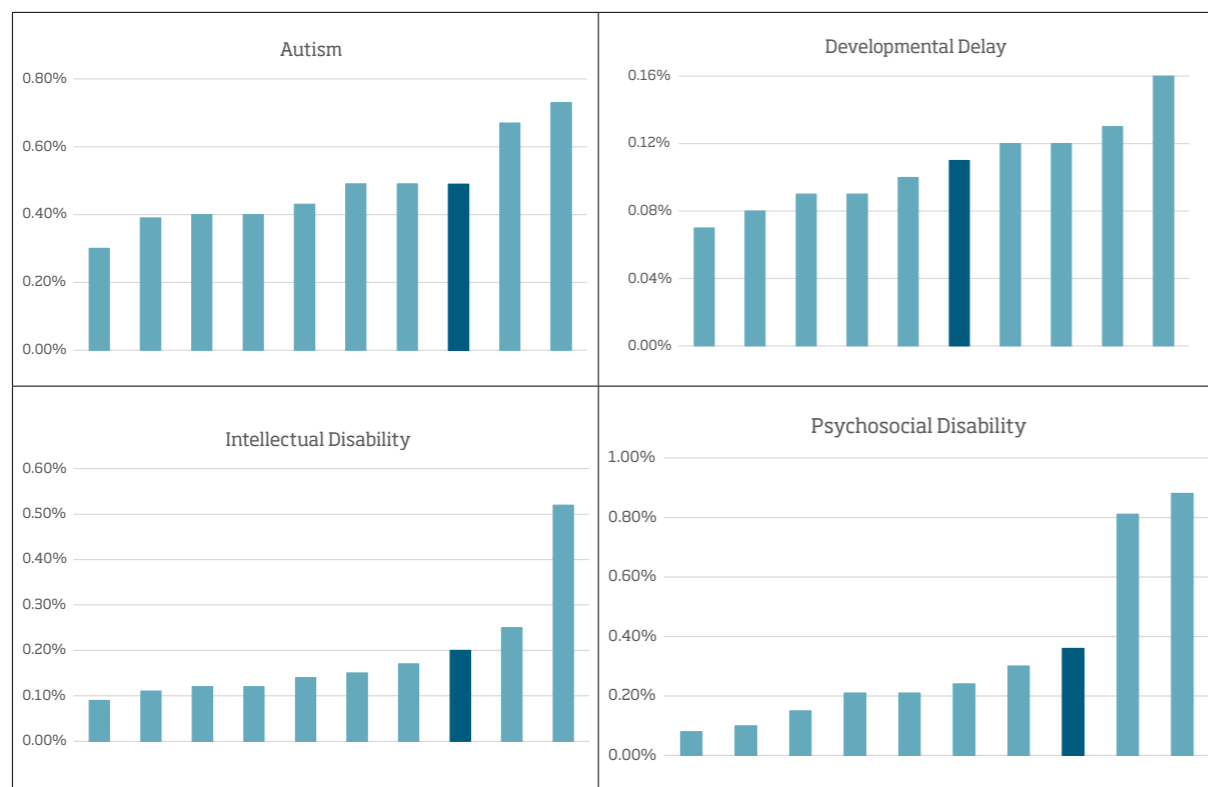
Dark shading indicates figure for entire LGA.
Some SA2s are not included for some disabilities where the exact number of cases is not reported by the NDIS for privacy reasons.

Box 4 – Penrith, disability rates by SA2



Dark shading indicates figure for entire LGA.
Some SA2s are not included for some disabilities where the exact number of cases is not reported by the NDIS for privacy reasons.

Box 5 – Randwick, disability rates by SA2

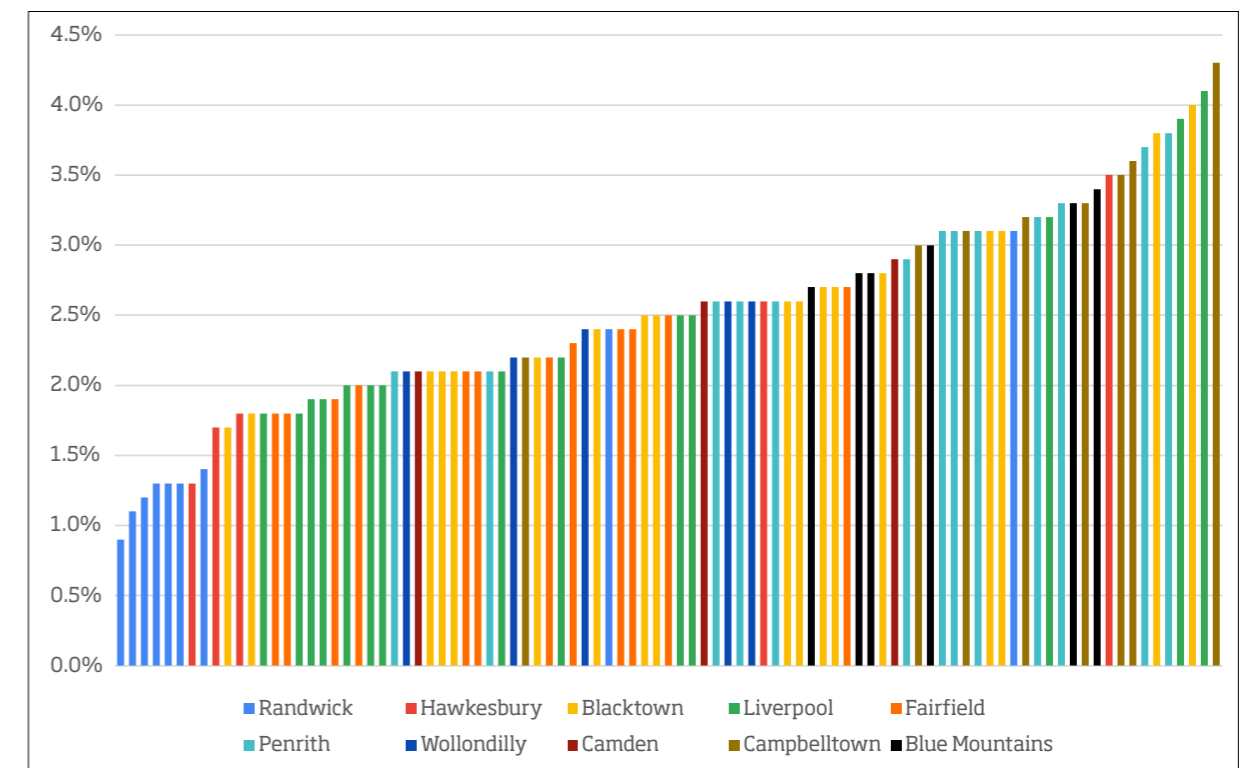


Dark shading indicates figure for entire LGA.
Some SA2s are not included for some disabilities where the exact number of cases is not reported by the NDIS for privacy reasons.

NDIS participation rate

- The highest **NDIS participation rate** (4.3% in the SA2 of Bradbury-Wederburn in the LGA of Campbelltown) is almost five times higher than the lowest (0.9% in Kensington in the LGA of Randwick).
 - There are three SA2s where more than 1 in 25 residents is an active NDIS participant. These are Bradbury-Weddburn in Campbelltown (1 in 23), Ashcroft-Busby-Miller in Liverpool (1 in 24) and Bidwill-Hebersham-Emerton in Blacktown (1 in 25).
 - In the three SA2s with the lowest participation rate, all in Randwick, this figure is closer to 1 in 100. These are Kensington (1 in 111), Randwick-North (1 in 91) and Kingsford (1 in 83).

Figure 16 – NDIS participation rate by SA2, 10 selected LGAs



Autism

- The highest rate of **autism** as a primary disability (2.02% in Bradbury-Wedderburn in Campbelltown) is almost seven times higher than the lowest (0.3% in Kensington in Randwick) (**Figure 17**).
 - There are two SA2s where around 1 in 50 residents has autism (Bradbury-Wedderburn, and Lawson-Hazelbrook-Linden in the Blue Mountains) and a further eight where this rate is between 1 in 60 to 1 in 70.
 - There are 20 SA2s where this rate is below 1 in 150, over half of which are in LGAs with overall autism rates around or above the Sydney average. Of these 20 SA2s, eight have an autism rate below 1 in 200 residents. The lowest rate is 1 in 333 residents.
- While the autism rate may be affected by the proportion of children in a given area, this is unlikely to explain the significant differences between SA2s. For example, the proportion of 0-14 year olds in Penrith is similar to that of Randwick-North, however the autism rate is almost three times higher (see table below).

SA2	Autism rate	0-14 year olds (ABS 2024 estimates)
Bradbury - Wedderburn	2.02%	23.4%
Lawson - Hazelbrook - Linden	1.93%	16.9%
Penrith	1.08%	14.0%
Maroubra - North	0.49%	15.7%
Randwick - North	0.4%	14.1%
Maroubra - West	0.39%	14.8%

- The rate of autism appears correlated with the overall NDIS participation rate (**Figure 18**).
- There appears to be a weak positive relationship between the proportion of NDIS participants with a primary disability of autism in a given SA2, and the rate of developmental delay. There is a weak negative relationship with the rate of intellectual disability and psychosocial disability, with the latter appearing more pronounced (**Box 6**).
 - There are two SA2s where over half of NDIS participants have autism, both in the Blue Mountains (Lawson-Hazelbrook-Linden, 56.5%; Springwood-Winmalee, 50.3%). In both these SA2s, the rate of autism is 2-3 times higher than Greater Sydney, while the rates of developmental delay, intellectual disability and psychosocial disability are in line with the rates across Greater Sydney (no more than 22% higher).
 - There are five SA2s where fewer than a quarter of NDIS participants have autism. These are in the LGAs of Liverpool (Warwick Farm, 24.8%; Liverpool, 23.7%), Fairfield (Fairfield-East, 24.4%; Fairfield, 20.8%) and Randwick (Malabar-La Perouse-Chifley, 23.8%).
 - In all five SA2s, the rates of autism and developmental delay diverge significantly from those for intellectual disability and psychosocial disability. The rates of autism and developmental delay are in line with or below those of Greater Sydney. In contrast, the rates of intellectual disability are on average around 80% higher (range of 47-97%), and rates of psychosocial disability are on average 175% higher (range of 67-360%).

Figure 17 – Autism rate by SA2, 10 selected LGAs

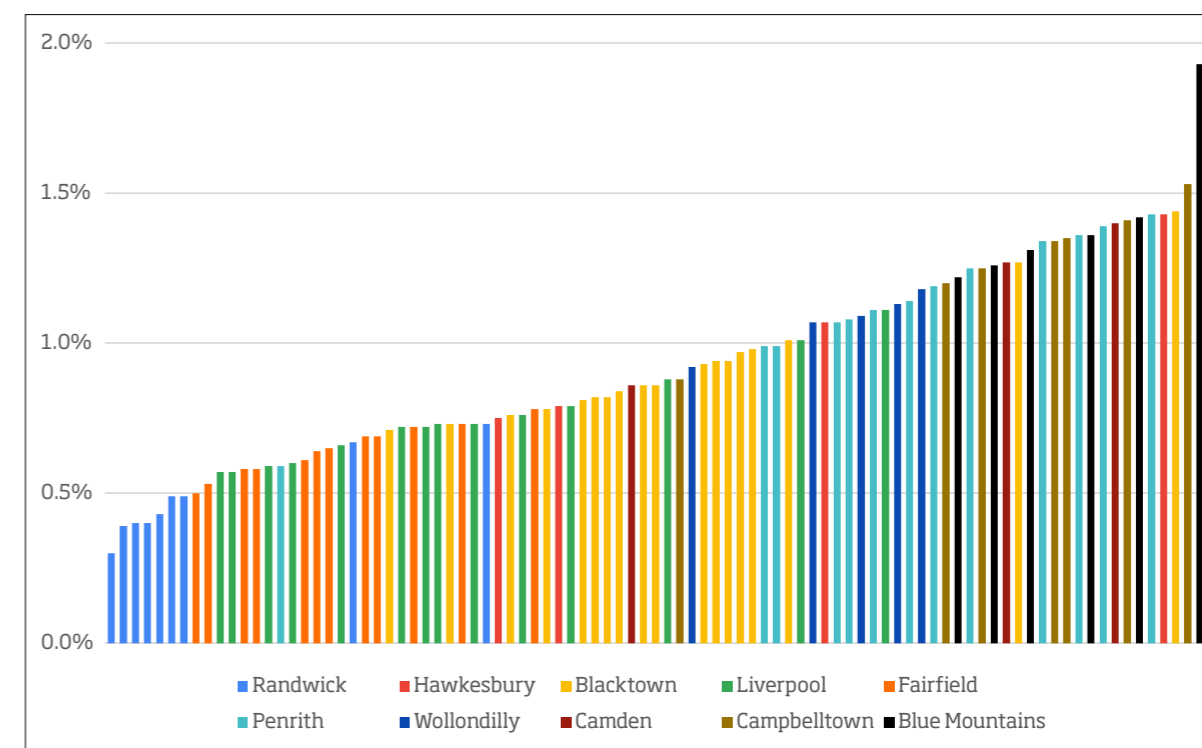
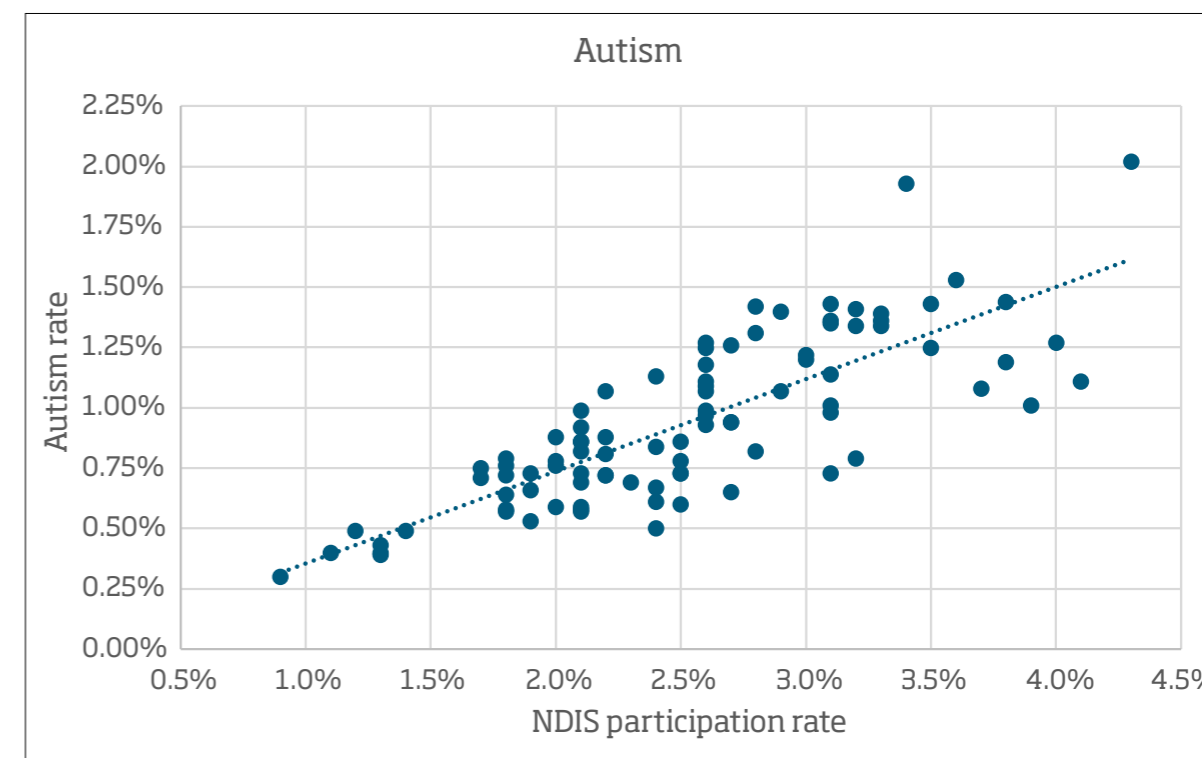
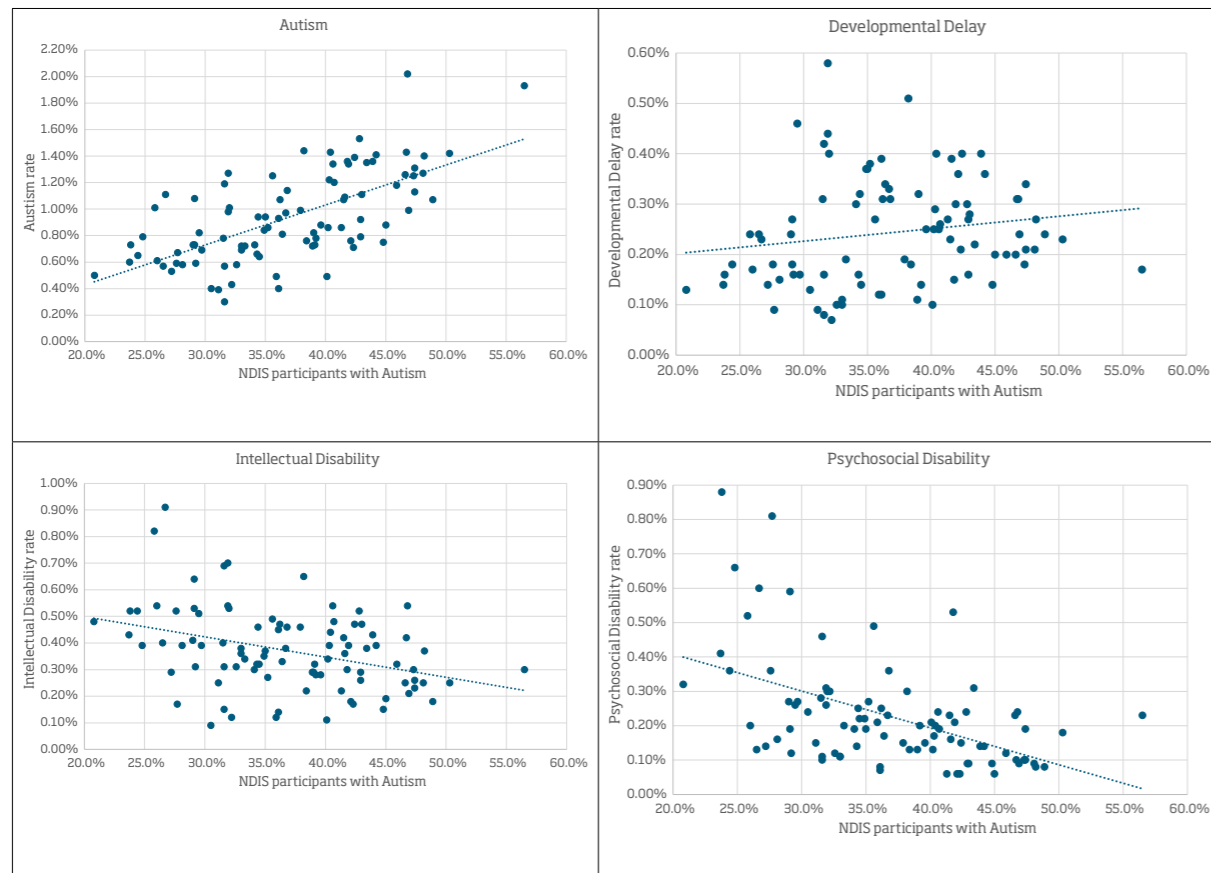


Figure 18 – NDIS participation rate and autism rate, by SA2



Box 6 – Relationship between proportion of NDIS participants with autism and rate of disabilities, selected SA2s



Developmental delay

- The highest rate of **developmental delay** as a primary disability (0.58% in Bidwill-Hebersham-Emerton in Blacktown) is more than eight times higher than the lowest (0.07% in Coogee-Clovelly in Randwick) (**Figure 19**).
 - There are 11 SA2s where around 1 in 250 residents has a developmental delay and a further eight where this rate is up to around 1 in 300.
 - There are seven SA2s where this figure is 1 in 1000 or lower.
- There appears to be a weak positive relationship between the NDIS participation rate and the rate of developmental delay, however there are a wide range of outcomes and some significant outliers (**Figure 20**).

Figure 19 – Developmental delay rate by SA2, 10 selected LGAs

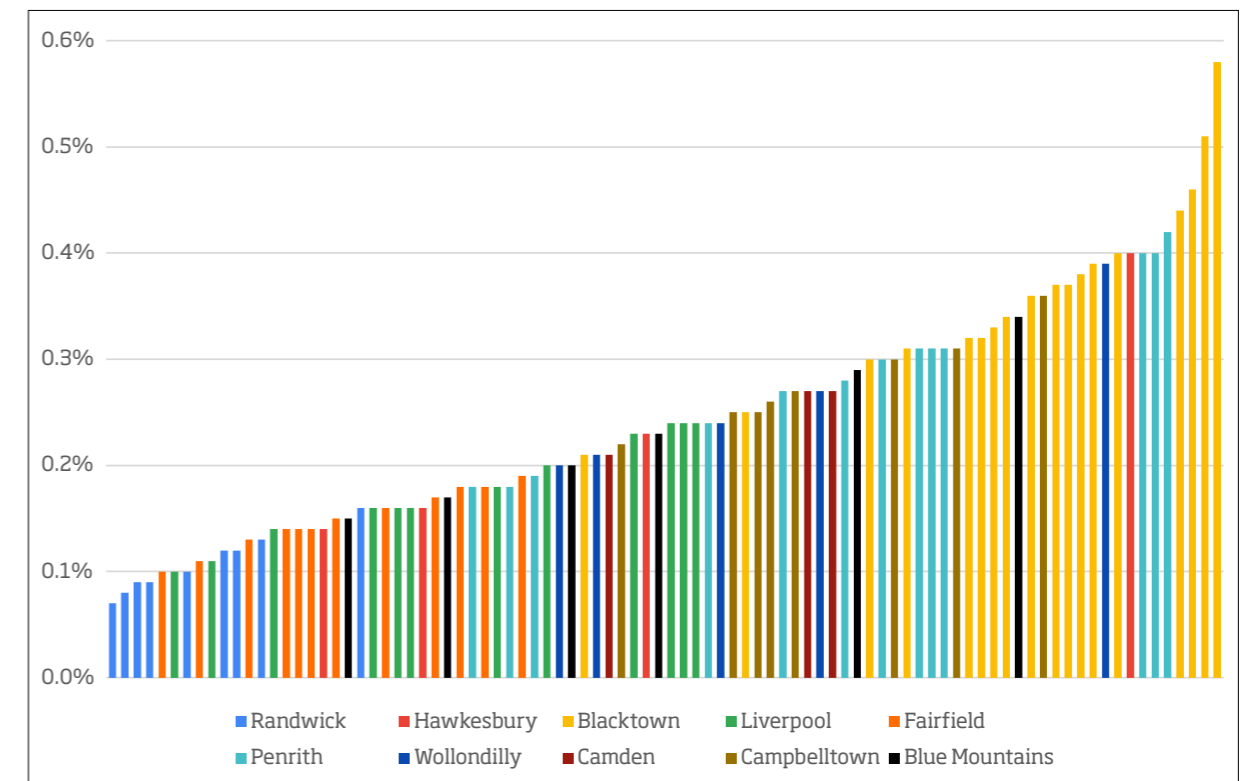
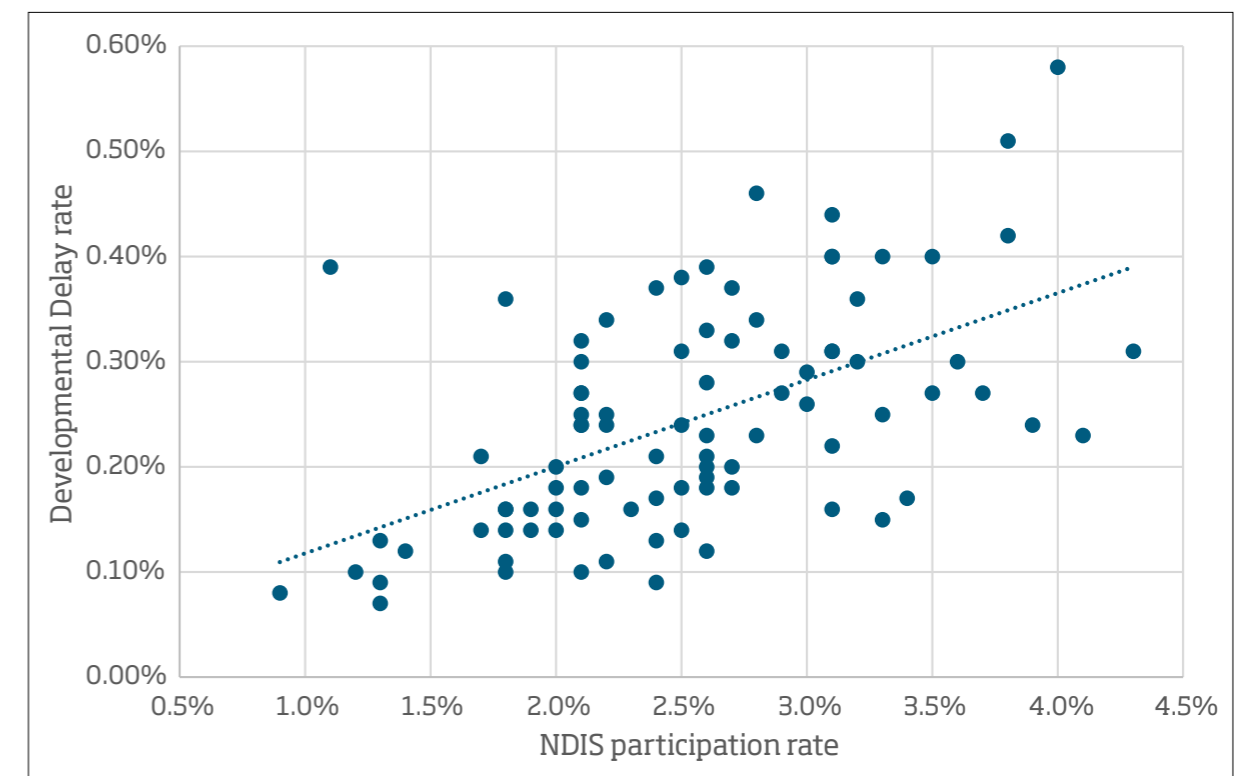


Figure 20 – NDIS participation rate and developmental delay rate, by SA2



Intellectual disability

- The highest rate of **intellectual disability** as a primary disability (0.91% in Ashcroft-Busby-Miller in Liverpool) is more than 10 times higher than the lowest (0.09% in Randwick-South in Randwick) (**Figure 21**).
 - There are 17 SA2s where more than 1 in 200 residents has an intellectual disability, including four where this rate is more than 1 in 150.
 - There are 12 SA2s where this rate is lower than 1 in 500, including four where this rate is lower than 1 in 800.
- There appears to be a positive linear relationship between the NDIS participation rate and the rate of intellectual disability (**Figure 22**).

Figure 21 – Intellectual disability rate by SA2, 10 selected LGAs

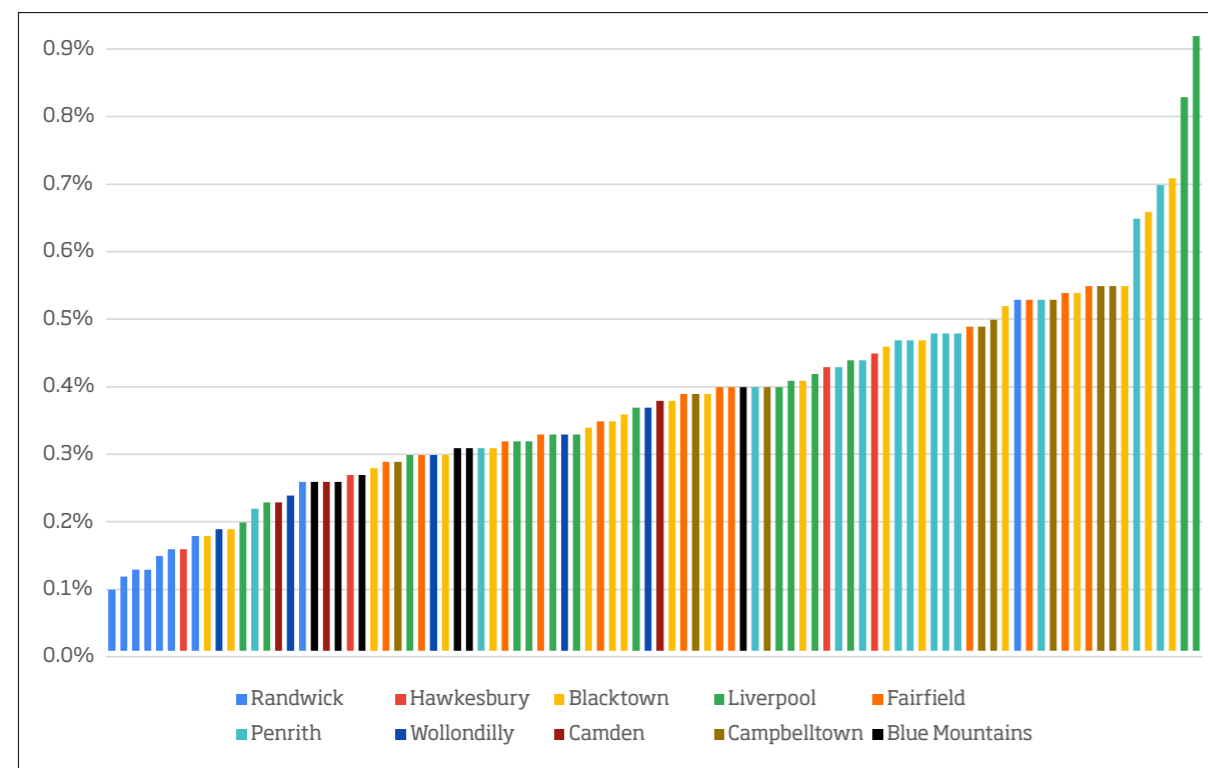
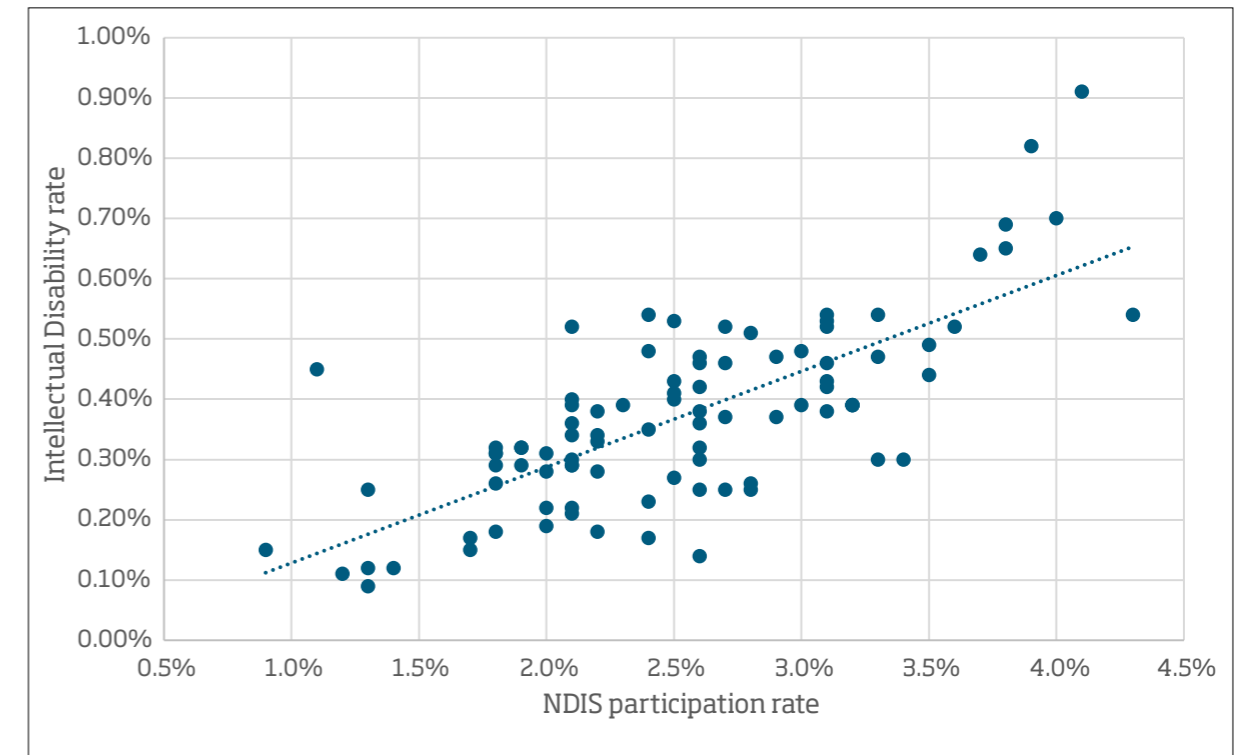


Figure 22 – NDIS participation rate and intellectual disability rate, by SA2



Psychosocial disability

- The highest rate of **psychosocial disability** as a primary disability (0.88% in Malabar-La Perouse-Chifley in Randwick) is around 15 times higher than the lowest (0.06% in Glenwood in Blacktown) (**Figure 23**).
 - There are seven SA2s where more than 1 in 200 residents has a psychosocial disability.
 - There are 17 SA2s where this rate is 1 in 1000 or lower, including four where it is lower than 1 in 1500.
- There appears to be a very weak positive relationship between the NDIS participation rate and the rate of psychosocial disability. There are significant outliers from this relationship in the data examined, particularly where the psychosocial disability rate is higher (**Figure 24**).

Figure 23 – Psychosocial disability rate by SA2, 10 selected LGAs

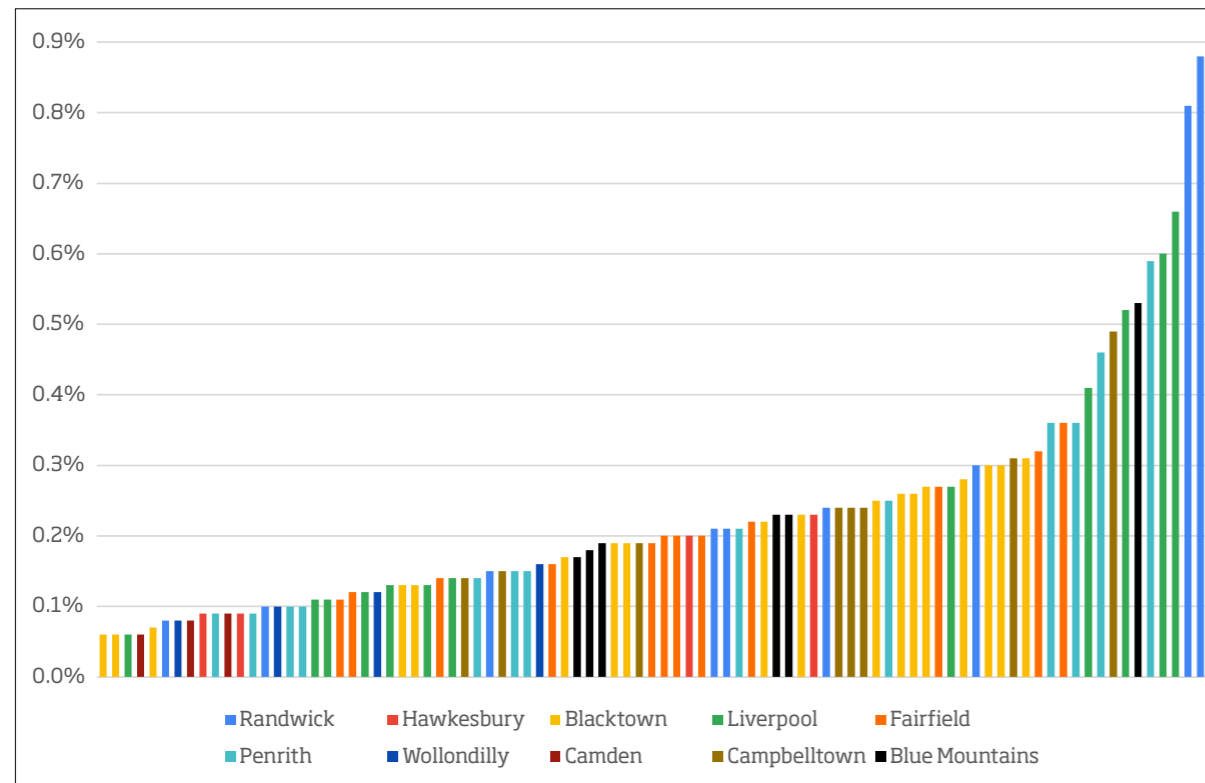
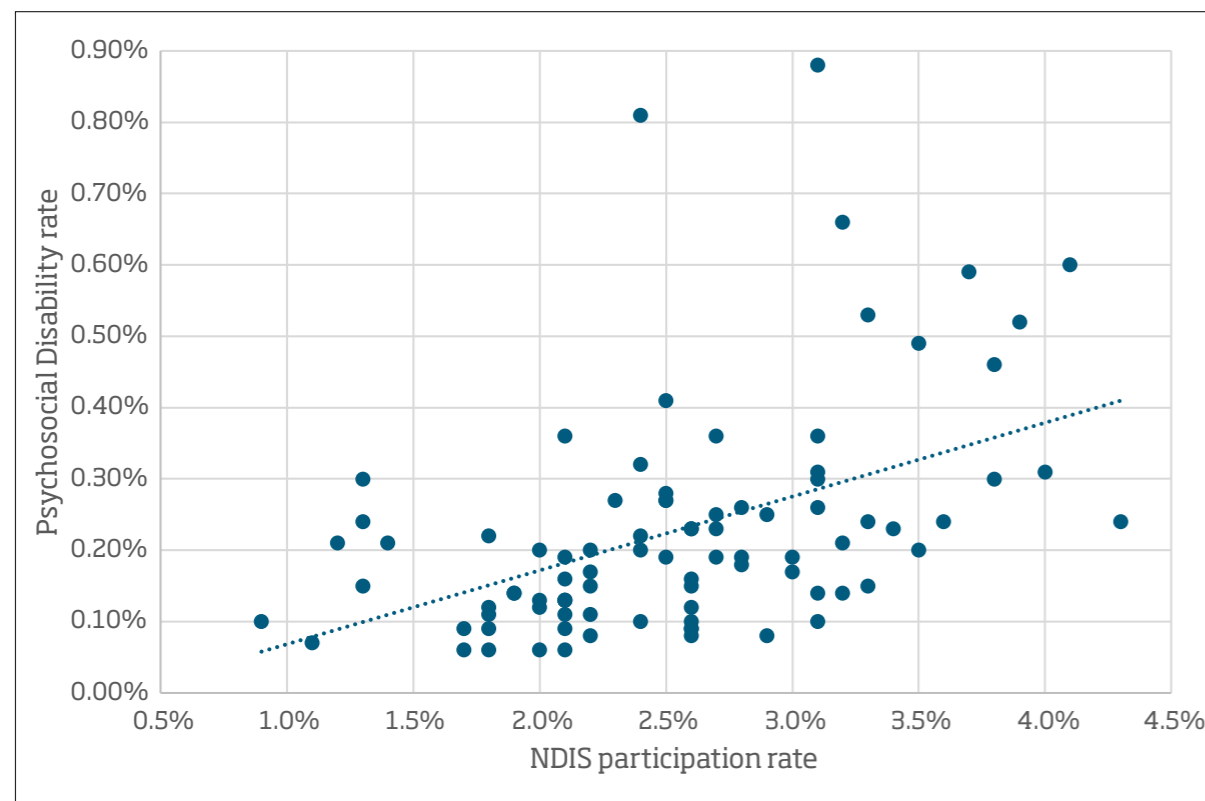


Figure 24 – NDIS participation rate and psychosocial disability rate, by SA2



Conclusion

This analysis has revealed significant geographic disparities in NDIS participation rates and the prevalence of specific primary disabilities across Greater Sydney, both at the LGA and SA2 levels. These variations are not easily explained by any single factor.

It has also revealed evidence of correlations between the NDIS participation rate and some disabilities, and between the prevalence of autism among NDIS participants and other disabilities (e.g. a higher proportion of recipients with autism is associated with a lower rate of psychosocial disability). Similar relationships are likely to be present in other parts of Australia and for disabilities not examined in this research.

The agency tasked with overseeing this important program, the National Disability Insurance Agency, has over 16,000 staff and contractors. It is unclear whether they are aware of the scale of these disparities and relationships, let alone undertaking work to understand why they occur.

If the Government is serious about reducing NDIS expenditure growth to more sustainable levels, further research is needed to understand the complex drivers of NDIS expenditure growth. This must include further analysis of geographic disparities such as those identified in this report, in all areas of Australia and for all disabilities supported by the NDIS. Given this scheme is designed to serve some of the most vulnerable members of society, it is vital that public confidence in the NDIS is restored and a sustainable trajectory is found.



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