

Cardholder application form

The Companion Card program supports people with a disability to have the same opportunities for participation and recreation as other community members.

It promotes fair ticketing for people with a disability who need the significant assistance of a companion to attend activities and venues in their communities.

Please read the Queensland Companion Card cardholder handbook, the terms and conditions (page 15), and the privacy statement (page 16) before completing this application form.

A nominated service provider or one of the specified health professionals (page 12) must also complete parts of this form. It is recommended that you take the Queensland Companion Card cardholder handbook with you when you meet with your preferred professional.

Please keep a photocopy of your completed application form for future reference.

Companion Card eligibility criteria

A Companion Card is only issued to an applicant who can demonstrate that he or she:

1. is a lawful Australian resident living in Queensland; and
2. has a disability; and
3. because of the impact of the disability, is unable to participate at most community venues or activities without attendant care support; and
4. needs, or is likely to need, lifelong attendant care support.

If your need for attendant care support is not permanent — that is, lifelong or likely to be lifelong — you are not eligible for a Companion Card. Do not proceed with an application.

Completing this form

All responses must be clearly written using a blue or black pen. Please place a tick in boxes where required. Any person may help you complete the information and your decision maker (formal or informal) may sign on your behalf. You may also authorise a person to be contacted on your behalf for all Companion Card enquiries.

Section 1	Check before submitting
<p>To be completed by the applicant</p> <ul style="list-style-type: none"> • Complete Items 1–6 of the application form. • Your chosen service provider or health professional may be able to assist you with Item 5. • Read and sign the declaration (Item 6). • Attach two clear and identical colour passport quality/sized photographs (head and shoulders). <p>Section 2 (either Item 7 or 8 to be completed)</p> <p>Item 7 — to be completed by a service provider (manager or equivalent)</p> <ul style="list-style-type: none"> • The applicant must be currently receiving, or be approved to receive, a service where the service has access criteria that match the four eligibility criteria of the Companion Card program — for example, a specialist disability service or accommodation support. • Read and sign the declaration and the back of the two photographs. <p>OR</p> <p>Item 8 — to be completed by a specified health professional</p> <ul style="list-style-type: none"> • The health professional must be known to the applicant and be able to confirm the applicant meets the four eligibility criteria of the Companion Card program. • Read and sign the declaration and the back of the two photographs. <p>Section 3 (optional)</p> <p>To be completed by the applicant</p> <ul style="list-style-type: none"> • Complete Items 9–10. • Provide any additional information to support your application at Item 9. • The professional completing Item 7 or 8 may also provide additional information here. 	<p>Section 1</p> <p><input type="checkbox"/></p> <p>Section 2</p> <p><input type="checkbox"/></p> <p>Section 3</p> <p><input type="checkbox"/></p>

Incomplete applications cannot be processed.

Return completed application form to Companion Card, Card Services, Smart Service Queensland. GPO Box 52, Brisbane Qld 4001.

Please allow approximately 20 working days for processing.

Section 1

To be completed by the applicant. The Companion Card will only be issued in the name of the person with a disability.

Item 1

1a. Please indicate your Australian residency status by ticking the relevant box below:

- | | |
|---|---|
| <input type="checkbox"/> An Australian Citizen | <input type="checkbox"/> A New Zealand Citizen who arrived in Australia prior to 26 February 2001 |
| <input type="checkbox"/> A Permanent Australian Resident | <input type="checkbox"/> A member of a family on a Work or Study Visa issued by the Australian Government |
| <input type="checkbox"/> A Global Humanitarian Visa holder | <input type="checkbox"/> None of the above (you may not be eligible, please contact the program for assistance) |
| <input type="checkbox"/> A Temporary Protection Visa holder (including a Bridging Visa where a Temporary Protection Visa has expired) | |
| <input type="checkbox"/> A Resolution of Status Visa holder | |

1b. Please provide your personal details below:

Title (Mr/Mrs/Ms/Miss/other)		First name	
Surname			
Middle name			
Preferred name (if different to first name, for display on your card)			
Residential address			
Suburb			
State		Postcode	
Postal address			
Suburb			
State		Postcode	
Date of birth (dd/mm/yyyy)	/ /	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Daytime contact number/s			
TTY (if available)			
Email (if available)			
Preferred method of contact for enquiries	<input type="checkbox"/> Telephone <input type="checkbox"/> TTY <input type="checkbox"/> Email <input type="checkbox"/> Authorised contact (If applicable, please provide details at Item 6.)		

Item 2 — Cultural information (optional)

2a. Do you identify as an Indigenous Australian? Please tick as appropriate.

- Aboriginal Torres Strait Islander Aboriginal **and** Torres Strait Islander
 Not applicable

2b. Do you speak a language other than English at home? Yes No

2c. If yes, please specify language spoken.....

Item 3

3a. Have you previously applied for and received a similar card that entitled the person providing you with attendant care support to an admission at no charge?

- Yes No

3b. If yes, please provide details of the card/s

Item 4

4a. Indicate which of the following best describes your disability and provide the details requested for each disability. (You may tick more than one.)

- Physical** (e.g. muscular dystrophy, spinal cord injury, cerebral palsy)

Diagnosis:

Date of diagnosis:

- Neurological** (e.g. epilepsy, Huntington's disease)

Diagnosis:

Date of diagnosis:

- Sensory** (e.g. vision impaired, hearing impaired)

Diagnosis:

Date of diagnosis:

Cognitive (e.g. acquired brain injury, stroke, head injury)

Diagnosis:

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Date of diagnosis:

Intellectual (e.g. Down syndrome, Cri-du-chat syndrome)

Diagnosis:

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Date of diagnosis:

Psychiatric (e.g. schizophrenia)

Diagnosis:

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Date of diagnosis:

Other

Diagnosis:

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Date of diagnosis:

4b. Is your disability episodic? Yes No

4c. If yes, please describe the frequency and impact of the episodes.

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4d. Please provide the name, date and outcome of any other formal assessments relating to your disability. (You do not need to attach any documentation and will be contacted if further information is required.)

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Item 5

Your service provider or health professional may assist you to complete this item.

To be eligible for a Companion Card you must demonstrate why the impact of your disability or condition makes you **permanently** unable to participate at **most** community activities without significant **attendant care support**.

Attendant care support includes significant assistance with activities where the use of aids, equipment or alternative strategies does not enable you to carry out these activities independently.

The activities include the following:

- **mobility** — ability to move around the community safely — for example, your need for significant support from a companion to access transport, navigate your wheelchair, assist you in and out of your seat or with other venue facilities
- **communication** — making yourself understood and understanding others — for example, your need for significant support from a companion to assist your social interactions and behaviours in a public place
- **self-care** — being assisted with daily personal care tasks and routines — for example, your need for significant support from a companion in relation to meals, dressing, toileting or taking medication
- **learning** — ability to plan and participate in the community independently — for example, your need for significant support from a companion to assist with time management, problem solving, decision making, money handling, guiding you where to go and what to do at an event.

Note: Attendant care support does not include providing only reassurance, social company or encouragement.

A Companion Card cannot be issued if you are likely to become independent in the future as a result of treatment, rehabilitation, management, training, recovery or developmental improvement.

5a. Do you require significant attendant care support with the following activities to participate in the community? Please describe each relevant area in detail, including examples of how your companion assists you.

Mobility

Yes No If yes, please provide details and examples.

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Communication

Yes No If yes, please provide details and examples.

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Self-care

Yes No If yes, please provide details and examples.

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Learning

Yes No If yes, please provide details and examples.

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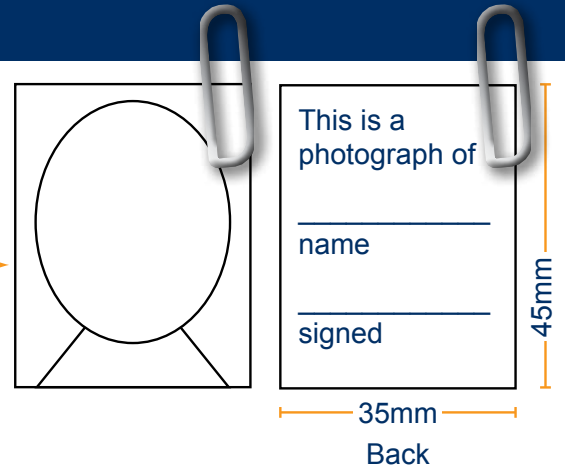
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Attach two clear and identical colour passport photographs at the top of this page using paper clips or foldback clips. Do NOT use tape, staples, glue or pins.

This must be a current head and shoulder photograph with a plain background and will be displayed on your card.

The back of each photograph must show the applicant's name and be signed by the same professional signing the application form.



Item 6

Applicant/decision maker declaration and authorisation

I confirm my signature on the next page verifies the following:

<input checked="" type="checkbox"/>	I meet the Australian and Queensland residency requirements.
<input checked="" type="checkbox"/>	I have a permanent disability and I will always require (or am always likely to require) attendant care support to participate at most venues and activities.
<input checked="" type="checkbox"/>	I will advise the Companion Card program of any changes in my circumstances that may affect my eligibility to hold a card.
<input checked="" type="checkbox"/>	I consent to the Companion Card team contacting me (or my authorised contact person); my nominated professional (as identified in Item 7 or 8) to verify the information provided on my application, or to obtain further information regarding my application.
<input checked="" type="checkbox"/>	I understand the privacy statement (page 16).
<input checked="" type="checkbox"/>	I agree that the Department of Communities, Child Safety and Disability Services or their authorised agent/s, for example a university, may contact me to undertake research, evaluation or review, for example a voluntary survey/ questionnaire, to ensure continuous improvement in the Companion Card program.
<input checked="" type="checkbox"/>	I understand that if I hold a Seniors Card or a Seniors Business Discount Card or Carer Business Discount Card that my contact details for these cards will be automatically updated based on the information provided on this form.
<input checked="" type="checkbox"/>	I understand that non-identifiable information may be released for statistical reporting at the state and national level and to interstate programs to facilitate national consistency in the administration of the program.
<input checked="" type="checkbox"/>	I understand and accept the Companion Card program cardholder terms and conditions (page 15).



I certify the information I have provided is true and correct.



I understand it is an offence to provide any false information in this application.

You must provide one of the following signatures:

Applicant signature (for applicants 18 years of age and over)

..... Date

OR for applicants unable to sign or who do not have decision making capacity:

Formal or informal decision maker signature pursuant to the *Guardianship and Administration Act 2000* or the *Powers of Attorney Act 1998*.

Title First name Surname

Relationship to the applicant

Daytime contact number/s

Email (if applicable)

Decision maker signature:..... Date

Authorised contact person for Companion Card (optional)

Only complete this section if you wish to authorise a person/s to be your contact for all Companion Card matters. This may be the same person nominated as your formal/informal decision maker above.

Person 1

Title First name Surname

Relationship to the applicant

Daytime contact number/s

Email (if applicable)

Person 2

Title First name Surname

Relationship to the applicant

Daytime contact number/s

Email (if applicable)

Section 2

To be completed by either a:

- service provider (manager or equivalent) — Item 7 only **OR**
- specified health professional (see page 12) — Item 8 only.

A note for service providers or health professionals

You may be contacted to confirm information provided by the applicant in Section 1 as it relates to Companion Card eligibility.

Service providers or health professionals may also provide additional information in Section 3, Item 9.

The declaration in Section 2 verifies **all** the information provided on the application form and includes witnessing and signing two photographs of the applicant to be attached on page 8. Do not sign this form if you are not able to verify all of the information to support the application.

Detailed information is available in the Queensland Companion Card cardholder handbook or at www.companioncard.gov.au

Enquiries may be directed to Card Services on 13 QGOV (13 74 68) or by emailing cardservices@smartservice.qld.gov.au

Item 7

This item is to be completed by the applicant's current **service provider** (manager or equivalent) where the service has access criteria that match the four eligibility criteria of the Companion Card program — for example a specialist disability service or accommodation support.

7a. Please name the type of service the applicant receives or is approved to receive.

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7b. When was the applicant approved to receive this service?

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Service provider (manager or equivalent) declaration and authorisation

I confirm that my signature below verifies the following:

<input checked="" type="checkbox"/>	I have read all the information contained within this form and verify that it is correct to the best of my knowledge.
<input checked="" type="checkbox"/>	I have read and I understand the Companion Card eligibility criteria.
<input checked="" type="checkbox"/>	I verify that the applicant receives the service or support indicated in this item.
<input checked="" type="checkbox"/>	I verify that the applicant has a permanent disability and will always require (or is likely to require) significant attendant care support to participate at most community venues and activities.
<input checked="" type="checkbox"/>	I am not the applicant or an immediate family member of the applicant.
<input checked="" type="checkbox"/>	I agree to offer all reasonable assistance to the Companion Card program to determine the applicant's eligibility.
<input checked="" type="checkbox"/>	I have written the applicant's name and signed the reverse of both photographs to verify that each photograph is of the applicant.
<input checked="" type="checkbox"/>	I understand it is an offence to provide any false information in this application.
Service provider signature Date Organisation stamp (if available):	

7c. Please provide your contact details below:

Title First name Surname
 Position (must be manager or equivalent)
 Organisation/employer
 Address
 Suburb State Postcode
 Daytime contact number/s
 Email Fax

Item 8

To be completed by one of the specified **health professionals** known to the applicant.

8a. Please indicate your health profession by ticking the relevant box below:

<input type="checkbox"/> Registered medical practitioner	<input type="checkbox"/> Qualified social worker eligible for membership of the Australian Association of Social Workers
<input type="checkbox"/> Registered physiotherapist	
<input type="checkbox"/> Registered occupational therapist	<input type="checkbox"/> Aboriginal or Torres Strait Islander health worker (Applicable only if applicant lives in a remote area and delay is likely in obtaining assistance from one of the specified health professionals. The applicant's medical condition must have originally been diagnosed by a registered medical practitioner.)
<input type="checkbox"/> Registered speech and language pathologist	
<input type="checkbox"/> Registered nurse	
<input type="checkbox"/> Registered psychologist	

8b. I have known the applicant in a professional capacity for years months.

8c. Please provide a statement confirming the applicant's lifelong need for significant attendant care support in one or more of the following activities: mobility, communication, self-care or learning (see Item 5 for descriptions).

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Health professional declaration and authorisation

I confirm that my signature below verifies the following:

<input checked="" type="checkbox"/>	I have read all the information contained within this form and verify that it is correct to the best of my knowledge.
<input checked="" type="checkbox"/>	I have read and I understand the Companion Card eligibility criteria.
<input checked="" type="checkbox"/>	I verify that the applicant has a permanent disability and will always require (or is likely to require) significant attendant care support to participate at most community venues and activities.
<input checked="" type="checkbox"/>	I am not the applicant or an immediate family member of the applicant.
<input checked="" type="checkbox"/>	I agree to offer all reasonable assistance to the Companion Card program to determine the applicant's eligibility.
<input checked="" type="checkbox"/>	I have written the applicant's name and signed the reverse of both photographs to verify that each photograph is of the applicant.
<input checked="" type="checkbox"/>	I understand it is an offence to provide any false information in this application.
<p>Health professional signature..... Date</p> <p>Professional stamp (if available):</p>	

8d. Please provide your contact details below:

Title First name Surname

Professional registration or membership number (if applicable)

Organisation/employer

Address

Suburb..... State..... Postcode

Daytime contact number/s.....

Email.....Fax.....

Section 3

Item 9 (optional)

This item may be completed by the applicant and/or their nominated service provider (manager or equivalent) or health professional.

9a. Please provide any additional information that may demonstrate your eligibility for a Companion Card — for example, details of any other support or services you receive.

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Item 10 (optional)

From time to time the Queensland Government may organise activities to assist in the promotion of the Companion Card program.

10a. Do you agree to receive information or to be contacted regarding these activities?

Yes No

Cardholder terms and conditions

1. The Companion Card must only be used when the cardholder requires the assistance of a companion to participate at a particular venue/activity.
2. Only the person whose photograph and details appear on the Companion Card can use the card.
3. Companion Tickets cannot be used without the Companion Card cardholder being present.
4. Companion Card cardholders must inform the venue/activity operator of their requirement for a Companion Ticket at the time they book or purchase their own ticket.
5. Acceptance of the Companion Card does not indicate that a venue/activity is accessible. Cardholders are advised to check accessibility with the venue/activity operator before booking tickets.
6. The minimum expectation of Companion Card affiliates is that they will issue cardholders, who require assistance to participate, with one Companion Ticket or admission, at no charge. This ticket will be exempt from all booking fees.
7. Where a cardholder has a requirement for more than one companion, the cardholder must negotiate this with the venue/activity operator at the time of booking.
8. The Companion Card can be used to obtain admission for any programs, services and sessions run by affiliated venue/activity operators. This will be subject to the usual admission availability and conditions.
9. The Companion Card can be used in conjunction with any recognised concession cards.
10. Cardholders must provide their Companion Card details when making telephone bookings, and must present their valid card during ticket collection, and at any time when asked during the activity. If cardholders cannot present their card, they may be charged for the Companion Ticket.
11. Affiliated venues/activities must ensure cardholders are able to be located physically close to their companions. Companions must remain close to cardholders to assist them as required. Cardholders with specific seating requirements must inform the venue/activity operator at the time of booking.
12. Some venue/activity operators may charge for participation over and above general admission costs (e.g. a fee for rides in addition to an entry fee at a fun park). Affiliated venues/activities must issue a Companion Ticket for both admission and for additional components, such as rides etc., if the cardholder requires assistance in order to participate.
13. Companion Cards may be used to purchase a package deal for the cardholder that combines admission costs with ancillary components such as meals etc. When booking a package deal, cardholders must check with the venue/activity operator, what is included with the Companion Ticket. It is essential that the companion's support to the cardholder is not disrupted if the ancillary components are not included in the Companion Ticket. For example, if meals are not included, the Companion must be able to bring or access food in a manner that enables them to provide continual support to the cardholder.
14. Booking and ticket distribution practices for Companion Tickets should not be more difficult than the standard ticketing practices of the affiliated venue/activity.
15. If an affiliated venue/activity operator suspects that a Companion Card is being misused, they can report this to the Companion Card program. Proven misuse of the Companion Card may result in the card being cancelled, and the cardholder will be ineligible to reapply.
16. It is understood that the applicant accepts the Companion Card Cardholder Terms and Conditions when they submit a Cardholder Application Form.

Privacy

The Department of Communities, Child Safety and Disability Services is collecting your personal information on this form in order to assess your eligibility for the Companion Card and to administer and evaluate the Companion Card Program. Your personal information will be managed in accordance with the *Information Privacy Act 2009*. See also: <http://www.communities.qld.gov.au/gateway/site-information/privacy>

For more information or assistance in completing this form contact:

Queensland Companion Card program

Phone: 13 QGOV (13 74 68)

TTY users can call the National Relay Service on 133 677.

Website: www.companioncard.gov.au