

# Cardholder Application Form

## How to apply

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**Complete this application form in BLOCK LETTERS using a blue or black pen.**

Step 1. Complete the enclosed application form. You may also use an application form downloaded from the website at **[www.wa.companioncard.org.au](http://www.wa.companioncard.org.au)**

Step 2. **Photographs**

Please provide two identical, colour, passport sized photographs with your application. Your photograph will be printed on your Companion Card, therefore please ensure the photograph is a clear and current head and shoulder photograph.

**Please attach the photographs with a paper clip or fold back clip.**

Do not use tape, staples, glue or pins.

The reverse of **EACH** photograph must contain:

- the name of the person in the photograph; and
- the signature of the same professional who signed the declaration in Item 3 or Item 4.

Step 3. Card Payment - NO PAYMENT REQUIRED

Step 4. Have both your application form and photographs signed by the same Health Professional/Service Provider that signs **Item 3 or 4**.

Step 5. Return this application form in the envelope provided (or in any C4 sized envelope) to:

**Companion Card Applications  
Reply Paid 1595, Osborne Park BC 6916.**

**Incomplete applications, including those without signatures or signed photographs, cannot be accepted.**

## Privacy Statement

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In accordance with National Privacy Principle (NPP04: Data Security), information contained in the application form will not be disclosed to any other organisation:  
[www.privacy.gov.au](http://www.privacy.gov.au)

# Companion Card Cardholder Terms and Conditions

It is important that you read and understand the information below:

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, this must be negotiated by the cardholder, 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.

Use BLOCK LETTERS and a BLACK or BLUE pen

## Item 1.

The Companion Card will only be issued in the name of the person with the disability. One application must be completed per applicant.

Your title e.g. Mr/Mrs/Ms/Miss  Surname:

Your first name as it is on official documentation such as a Birth Certificate:

Gender: Male  Female

Date of Birth:  /  /  Age   
d d / m m / y y y y

Telephone Number:

TTY (if available):

Email (if available):

Residential Address:

Suburb:

State:  Postcode:

Postal Address (if different from above):

Suburb:

State:  Postcode:

### Is your disability permanent?

Yes

No

If your disability is **not** permanent you do not meet the requirements to receive a Companion Card do not proceed. Contact the Freecall number **1800 617 337** for further information.

## Item 2.

Please tick the boxes that best describe your disability. We have provided some examples of diagnoses or conditions to assist you to complete Item 2.

(You can tick more than one box)

**Physical** e.g: Muscular Dystrophy, Quadriplegia, Cerebral Palsy  
Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

**Neurological** e.g: Alzheimer's Disease, Huntington's Disease  
Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

**Sensory** e.g: Deafblind, legally blind  
Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

**Acquired Brain Injury** e.g: Stroke, Head Injury  
Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

**Intellectual** e.g: Down Syndrome, Rhetts Syndrome  
Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

**Psychiatric** e.g: Schizophrenia  
Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

**Other** Give a description of the condition that has resulted in your disability  
\_\_\_\_\_  
\_\_\_\_\_

## Item 3. Services and supports

Do you currently receive any of the eight specific services or supports listed below? (You can tick more than one box)

Disability Services Commission's funded or provided Accommodation Support.

Australian Government's Funded Residential Aged Care Service.

Disability Services Commission's Intensive Family Support package.

Australian Government's Funded Extended Aged Care at Home Package.

Disability Services Commission's Alternatives to Employment program.

Australian Government's Funded Community Aged Care Package.

Office of Mental Health's Funded Supported Accommodation Assistance Program.

Australian Government Department of Veteran's Affairs Attendant Allowance.

**If you do not receive service/support from one of the above providers go to Item 4.**

### Item 3. (continued) Service provider details

To be completed by Service Provider, Local Area Co-ordinator or Program Manager.

Name:

Employer/Organisation Name:

Address:

Suburb:  Postcode:

Telephone Number:

#### I confirm that my signature below verifies ALL of the following:

- I have read all the information contained within this form, and verify that it is correct to the best of my knowledge;
- I verify that the applicant has a permanent disability and will always require attendant care to participate at most community venues and activities;
- I am not the applicant, or an immediate family member of the applicant;
- I agree to offer all reasonable assistance and records to assist the Companion Card program to determine the applicant's eligibility; and
- I have written the applicant's name and signed on the reverse of both photographs to verify that they are of the applicant.

Signature:

Date:

Organisation  
Stamp  
(if available):



# PROCEED TO ITEM 5

### Item 4. Health Professional details

To be completed by the Health Professional

- This item can only be completed by one of the Health Professionals below.
- Only complete this declaration if the applicant is permanently unable to participate at most venues and activities without attendant care type support for the rest of their life. You may be contacted to verify this information. If you are not able to verify the information, do not sign this form.

I am currently practicing as one of the following: Please tick

- Registered Medical Practitioner
- Registered Nurse
- Registered Physiotherapist
- Registered Psychologist
- Qualified Occupational Therapist eligible for membership of Occupational Therapy Australia
- Qualified Social Worker eligible for membership of the Australian Association of Social Workers
- Qualified Speech Pathologist eligible for practicing membership of Speech Pathology Australia

Name:

Employer/Business Name:

Address:

Suburb:

Postcode:

Telephone Number:

## Item 4. (continued) Disability specific information

To be completed by the Health Professional

Please outline why the impact of the disability makes the individual permanently unable to participate at most activities without attendant care support. You need to indicate that the use of aids, equipment or alternative strategies do not enable the individual to attend venues.

Please provide specific examples and also include information about the severity/extent of the disability.

If available, in the space below, please provide the name, date and outcomes of any formal assessments. Do not attach any reports.

1. Requires assistance with mobility?

Yes

No

If yes please give details

2. Requires assistance in the areas of learning, planning and thinking?

Yes

No

If yes please give details

3. Requires assistance communicating?

Yes

No

If yes please give details

4. Requires assistance with self-care?

Yes

No

If yes please give details

## Item 4. Disability specific information (continued)

To be completed by the Health Professional

### 5. Additional comments

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## Item 4. Health Professional declaration

I confirm that my signature below verifies ALL of the following:

- I have read all the information contained within this form, and verify that it is correct to the best of my knowledge;
- I verify that the applicant has a permanent disability and will always require attendant care to participate at most community venues and activities;
- I am not the applicant, or an immediate family member of the applicant;
- I agree to offer all reasonable assistance and records to assist the Companion Card program to determine the applicant's eligibility; and
- I have written the applicant's name and signed on the reverse of both photographs to verify that they are of the applicant.

Signature:

Date:

Professional registration number/  
membership number\* (if applicable):

\*Note: Registered professionals must supply their registration number

Professional stamp  
(if available):

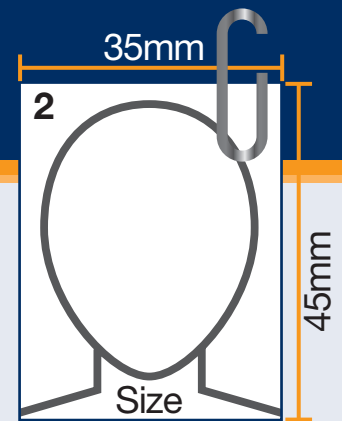
Attach two colour passport photographs here using paper clips or fold back clips.

Do **NOT** use tape, staples, glue or pins.

Please write your name on the back of the colour passport photographs and ensure that they have been signed by the same professional who also signed either Item 3 or Item 4. The photographs must be a full front view of your head and shoulders only. Photographs that do not meet this criteria cannot be accepted.



The reverse 1  
of both  
photographs  
must be signed  
by the same  
professional  
who signed  
your form.



For further information, or assistance in completing this form, please telephone the Companion Card Information Line on Freecall 1800 617 337 or visit [www.wa.companioncard.org.au](http://www.wa.companioncard.org.au)

## Item 6.

### Applicant OR Guardian / Agent statement

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

- I authorise the Companion Card program to verify the information contained in this form and to obtain further information relating to my eligibility for a Companion Card. This may include requesting information held in databases by government departments and agencies;
- I agree that Health Professionals or Service Providers may disclose information about me to the Companion Card program to assist with the assessment of my application;
- I have a permanent disability and I will always require attendant care type support to participate at most community venues and activities;
- I certify that the information in this application is correct; and I understand and accept the Cardholder Terms and Conditions.

You **MUST** provide one of the following signatures:

Applicant Signature  
(for applicants over  
18 years of age)

Date:

**OR**

Legal Guardian/  
Agent Signature

Date:

Legal Guardian/Agent Name  
(and relationship to the applicant):

Legal Guardian/Agent Telephone/ TTY:

I consent to participating in media opportunities  
and evaluation of the Companion Card program.

Yes

No

**Person who completed this form (if different from above)**

Name (and relationship  
to the applicant):

Telephone: