



South Australia

Cardholder Application

How to apply

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

Step 1 Complete the enclosed Cardholder Information Application form.

You may also use an application form downloaded from the website at **www.companioncard.asn.au**

Step 2 **Photographs**

Please provide two identical, passport quality/sized colour 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 on the page indicated.

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 health professional/service provider who signed the declaration in item 4b or item 5 of this form.

Step 3 Have both your application form and two photographs signed by the same health professional/service provider who signs item 4b or 5.

Step 4 Return this application form in the envelope provided (or in any C4 sized envelope) to

Companion Card Program – GPO Box 292 Adelaide SA 5001

Incomplete applications, including those without signatures or signed photographs, cannot be accepted, and will be returned for completion.

Privacy Statement

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

PLEASE TEAR OFF AND KEEP

Companion Card Cardholder Terms & 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 the 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 (eg, 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 (eg, 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 & Conditions when they submit a Cardholder Application.

The Companion Card program is an initiative of the South Australian Government, jointly managed by the Department for Families and Communities and National Disability Services.

The Companion Card® is a registered trade mark owned by the State of Victoria. No party may use the words 'Companion Card' or its associated logos without obtaining permission from the State of Victoria.

Cardholder Applicant Information

1. Type of application

Use **BLOCK LETTERS** and a **BLACK** or **BLUE** pen.

This application is a (please tick one):

New application

If you have never received a Companion Card

Renewal of an expired card

If you are renewing an existing card that is due to expire

Card number if known:

/

Note: Replacement cards are not issued using this form.

To replace a lost, stolen or damaged card, phone **1800 667 110** to request a Replacement/Change of Details form.

2. Your personal details

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

Your title (eg, Mr/Mrs/Ms/Miss) Surname

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

Gender (please tick) Male Female

Date of birth / / Age
d d m m y y y y

Telephone (if available) ()

TTY (if available) ()

Email

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 Freecall 1800 667 110 for further information.

3. Describing your disability

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

(You can tick more than one box)

- Physical** (eg, Muscular Dystrophy, Quadriplegia, Cerebral Palsy)
Diagnosis _____
- Sensory** (eg, Deafblind, Legally Blind)
Diagnosis _____
- Intellectual** (eg, Down Syndrome, Rett Syndrome)
Diagnosis _____
- Neurological** (eg, Alzheimer's Disease, Huntington's Disease)
Diagnosis _____
- Acquired Brain Injury** (eg, Stroke, Head Injury)
Diagnosis _____
- Psychiatric** (eg, Schizophrenia)
Diagnosis _____
- Other** Description of the condition that has resulted in your disability

4a. Services and supports

Do you currently receive any of the six specific services or supports listed below?

(You can tick more than one box)

- Disability SA Accommodation Facility
- Disability SA Day Options Program
- Australian Government's Funded Residential Aged Care Service
- Australian Government's Funded Community Aged Care Package
- Australian Government's Funded Extended Home Care Package
- Australian Government Department of Veterans' Affairs Attendant Allowance

If you do not receive services/supports from one of the above providers go to item 5.

4b. Service provider details

To be completed by service provider, case manager or program manager.

Name

Employer/Organisation Name

Telephone ()

Address

Suburb

Postcode

Service provider 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.

Service Provider Signature

Date / /

Organisation Stamp (if available)

If you have completed this item, proceed to item 7



5. 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 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 practising 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 Speech Pathologist eligible for practicing membership of Speech Pathology Australia
- Qualified Social Worker eligible for membership of the Australian Association of Social Workers

Name

Employer/Organisation Name

Telephone ()

Address

Suburb

Postcode

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 does 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.

5.1 Requires assistance with mobility

Yes No

If yes please give details

5.2 Requires assistance in the areas of learning, planning and thinking

If yes please give details

Yes No

5.3 Requires assistance communicating

If yes please give details

Yes No

5.4 Requires assistance with self-care

If yes please give details

Yes No

(continued) Disability specific information

5.5 Additional comments

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

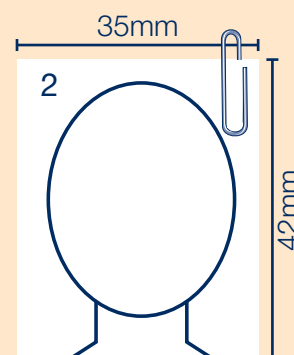
Professional Stamp (if available)

6. Attachment

Attach two identical passport quality/sized colour photographs on this page using paper clips or fold back clips.

Do NOT use tape, staples, glue or pins.

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



Please write your name on the back of the two passport photographs and ensure that they have been signed by the same health professional who also signed either item 5 or item 6. The photographs must be a full front view of your head and shoulders only. Photographs that do not meet this criteria cannot be accepted.

7. Applicant OR guardian / agent statement

The Companion Card is valid for five years and must be renewed on expiry.

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 support to participate at most community venues and activities, and
- I certify that the information in this application is correct, and I understand and accept the Cardholder Terms & Conditions.

7. (continued) Applicant OR guardian / agent statement

You MUST provide ONE of the following signatures

Applicant signature
(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 () _____

**For further information, or assistance to complete this form,
please telephone the Companion Card Information Line on
Freecall 1800 667 110 or visit www.companioncard.asn.au**



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