



APPLICATION FORM

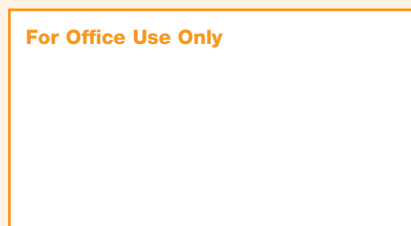
HOW TO APPLY

- Step 1. Read the Victorian Companion Card Cardholder Handbook, which is available in a variety of languages and formats.
- Step 2. Complete this application form. Do not use a photocopy of this form.
- Step 3. Obtain two, high quality, colour, passport photographs (from a passport photo outlet).
- Step 4. Have both your application form and photographs signed by the same Health Professional/Service Provider who signed **ITEM 7 or 9**.
- Step 5. Return this application form in the envelope provided (or in any C4 sized envelope) to:

**Companion Card Applications
Locked Bag 3014, Hawthorn VIC 3122.**

Affix correct postage (two standard stamps at the time of printing).
Postage may vary if you return more than one application per envelope.

- **Do not** fold this application form.
- **Original applications and photographs cannot be returned under any circumstances.**
- **Incomplete applications, including those without signatures or signed photographs, cannot be processed.**





ABOUT THE COMPANION CARD

The Companion Card was developed to assist people with a significant, permanent disability (including issues relating to aging and psychiatric illness) who are permanently unable to participate at most venues and activities without a companion to provide attendant care type support. ■

Attendant care type support includes significant assistance with mobility, communication, self-care or learning, where the use of aids, equipment or alternative strategies do not enable the person to carry out these tasks. It does not include providing only reassurance, social company or encouragement.

The Companion Card was not developed to overcome or compensate for any venue's lack of accessibility; including the absence of ramps, lifts, accessible toilets, appropriate signage or captioning, etc. Responsibility for these access issues remain with venue and activity operators.

The Companion Card is not issued to every person who has a disability. The card is issued to people who can demonstrate that they would not be able to participate at most venues and activities without attendant care, and that this need is life-long. Companion Cards cannot be issued if the applicant may become independent in the future as a result of treatment/management, training, recovery or developmental improvements.



GETTING MORE INFORMATION ABOUT THE COMPANION CARD

COMPANION CARD WEBSITE: www.companioncard.org.au

■ **COMPANION CARD INFORMATION LINE: 1800 650 611**

Available during business hours. Staff can respond to queries regarding the program. If you are Deaf, have a hearing impairment or have complex communication needs, and you would like to access the Companion Card Information Line please telephone:

Companion Card TTY 1800 898 888, or

National Relay Service on 13 36 77, or

Speech-to-Speech Relay Service on 1300 555 727

and ask to be connected to the **Companion Card Information Line**.

RECORDED INFORMATION: 1300 305 620 (available in English 24 hours a day)

MULTILINGUAL INFORMATION:

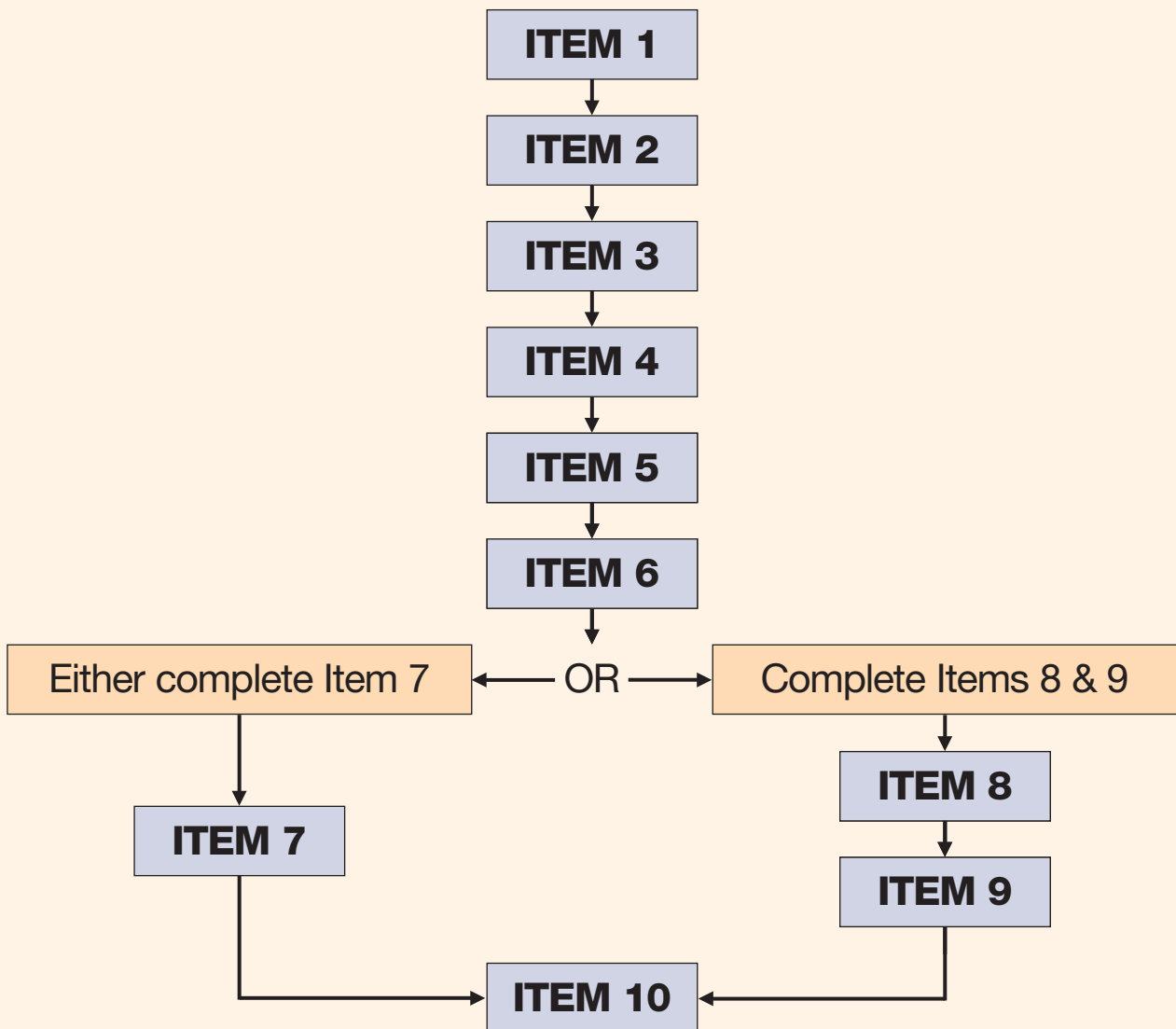
Available in various languages 24 hours a day. These services can also connect you to a telephone interpreter if you wish to speak to the Companion Card Information Line during business hours. Please refer to the Cardholder Handbook for the relevant contact telephone numbers.

PRIVACY

All information collected throughout your application process will be recorded and stored in a database and used solely for the purposes of administering the Companion Card. The information will not be shared, used or disclosed to anyone who is not involved in the administration or implementation of the program. The information collected can be accessed via a Freedom of Information request. The information supplied will be handled in accordance with the privacy principles contained in the Information Privacy Act 2000 (Vic), and the Health Records Act 2001(Vic).

HOW TO COMPLETE THIS FORM

All applicants are required to complete Items 1 – 6



All applicants are required to complete Item 10
& attach signed photographs

ITEM 2.

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 (eg. Mr/Mrs/Ms/Miss)

Surname:

Your First Name as it appears on official documentation such as a Birth Certificate:

Your First Name as you would like it to appear on your Companion Card:

Gender:

Male

Female

Date of Birth:

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OR

If date of birth unknown, approximate age in years:

Telephone Number:

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TTY (if available):

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Email (if available):

Residential Address:

Suburb:

State:

Postcode:

Postal Address (if different from above):

Suburb:

State:

Postcode:

ITEM 3.

Please tick the boxes that best describe your disability.

(You can tick more than one box)

- Physical**
Eg: Muscular Dystrophy, Quadriplegia
- Sensory**
Eg: Deafblind
- Intellectual**
Eg: Down Syndrome, Cri-du-chat Syndrome
- Neurological**
Eg: Alzheimer's Disease, Huntington's Disease
- Acquired Brain Injury**
Eg: Stroke
- Psychiatric**
Eg: Schizophrenia

ITEM 4.

What is your specific diagnosis or condition?

Note: If you do not have a formal diagnosis, please use the space below to briefly describe your condition.

ITEM 5.

Is your need for attendant care type support to access community venues and activities permanent (being for the term of your life)?

Yes

If your need for attendant care is not permanent you cannot receive a Companion Card.

ITEM 6. SERVICES AND SUPPORTS

Do you currently receive any of the nine specific services or supports listed in ITEM 7 below?

No Proceed to **ITEM 8** on page 10.

Yes Have the manager of that service complete **ITEM 7** below.

ITEM 7. SERVICE PROVIDER DECLARATION

- Tick the service received by the applicant if you manage that specific service or support (do not amend this list).
- Sign and write the applicant's name on the reverse of each attached photograph (see ITEM 10).
- Complete the declaration overpage.

- Victorian Department of Human Services, Disability Services funded, Shared Supported Accommodation Service
- Victorian Department of Human Services, Disability Services funded, Home First Program
- Victorian Department of Human Services, Disability Services funded, Family Options Program (caregiver payment level 3 or 4)
- Victorian Transport Accident Commission (TAC) funded support in a Supported Accommodation Service
- Currently approved for, or a resident of a Victorian Aged Person's Mental Health Residential Service
- Currently approved for, or a resident of a Commonwealth funded Residential Aged Care Service
- Currently approved for, or receiving a Commonwealth funded Extended Aged Care at Home Package
- Currently approved for, or receiving a Commonwealth funded Community Aged Care Package
- Attendant Allowance from the Commonwealth Department of Veterans Affairs

SERVICE PROVIDER DETAILS

Program Manager's Name:

Position in Organisation:

Employer/Organisation Name:

Address:

Suburb:

State: Postcode:

Telephone Number: ()

My signature below confirms 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; and
- I verify that the applicant receives the service or support indicated in this item; and
- I am not the applicant, or an immediate family member of the applicant; and
- I agree to offer all reasonable information to assist the Companion Card program to determine the applicant's eligibility; and
- I have written the applicant's name and signed the reverse of both photographs to verify that they are of the applicant; and
- I understand it is an offence to provide any false information in this application.

Service Provider Signature:

Date:

Organisation Stamp (if available):



Please provide the name, date and outcomes of any formal assessments of your condition (eg. visual readings, IQ score, CARS score, etc).



If you have completed **ITEM 7**, you do not need to complete **ITEM 9**.

ITEM 9. HEALTH PROFESSIONAL DECLARATION

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

- Registered Medical Practitioner
- Registered Nurse (Division 1,3 or 4)
- 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 practising membership of Speech Pathology Australia

I have seen the applicant in a professional capacity for years
 months

Please describe in detail the functional impact of the applicant's disability.

Describe the attendant care required by the applicant to enable them to access community venues and activities.

Provide details about the treatment and recovery available to the applicant and indicate if the applicant will require attendant care for the rest of his/her life.

My signature below confirms 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; and
- I verify that the applicant has a permanent disability and will always require attendant care to participate at most community venues and activities; and
- I am not the applicant, or an immediate family member of the applicant; and
- I agree to offer all reasonable information to assist the Companion Card program to determine the applicant's eligibility; and
- I have written the applicant's name and signed the reverse of both photographs to verify that they are of the applicant; and
- I understand it is an offence to provide any false information in this application.

HEALTH PROFESSIONAL DETAILS

Name:

Employer/Business Name:

Address:

Suburb:

State: Postcode:

Telephone Number: ()

Signature:
Do not sign this form unless you can verify the applicant is permanently unable to participate at most venues and activities without a companion to provide attendant care type support.

Date:



ITEM 10.

Is there anything else you, your health professional, or your service provider would like to add, in the space below, to support this application?

Note: It is helpful to include details of any other disability services or disability related payments the applicant receives.

The applicant or guardian must sign page 15 of the application.

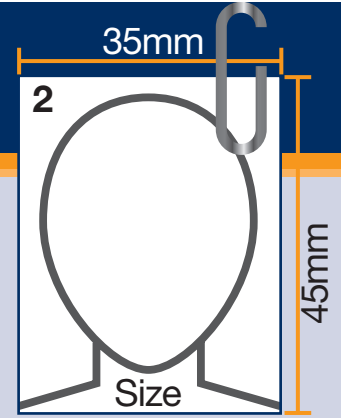
APPLICANT / GUARDIAN / AGENT STATEMENT

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

- I authorise the Companion Card program to verify the information contained in this form, and to obtain and disclose any information relating to this application for the purpose of assessing my eligibility for a Companion Card. This may include obtaining information held in databases by government departments and agencies, and disclosing information contained in this form or obtained in connection with this application for the purpose of assessing eligibility.
- 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; and
- I have a permanent disability and I will always require attendant care type 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 and Conditions; and
- I understand it is an offence to provide any false information in this application.

- Attach two colour passport photographs here using paper clips or fold back clips. Do not use tape, staples, glue or pins. →

Write your name on the reverse of both photographs and have them signed by the professional who signed your form. **1**



The photographs must be a full front view of your head and shoulders only.

You MUST provide one of the following signatures:

Applicant Signature (for applicants over 18 years of age):

Date: / /

OR

Legal Guardian/Agent Signature (for applicants under 18 years of age, or if unable to sign):

Date: / /

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

Legal Guardian/Agent Telephone/ TTY:

()

I consent to participating in an evaluation of the Companion Card program (optional).

Person who completed this form (if different from above)

Name (and relationship to the applicant):

Telephone:

()

For further information or assistance please telephone the Companion Card Information Line on Freecall 1800 650 611 or visit www.companioncard.org.au

ITEM 11. 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.