



## ACT Companion Card Application Form

### How to apply

**Step 1** Read the Cardholder Terms and Conditions (Page 12) and the ACT Companion Card Cardholder Handbook before completing this application form.

**Step 2** **All applicants** must complete Part A (Items 1-5) of the application form.

Please complete this application form in **BLOCK LETTERS** using blue or black pen.

**Step 3** Have a **health professional** complete Part B of this application form.

Your health professional must be able to verify that the information contained in your application form is correct and sign the back of two passport photos that you must submit with your application. Information about what type of health professional can fill out Part B of your form is provided on page 8.

We recommend that you take the ACT Companion Card Cardholder Handbook with you when you meet with your preferred health professional.

**Step 4** **Photographs**

Submit two identical high quality colour passport-sized photographs with your application. The photos must be no more than six months old. Your photograph will be printed on your ACT Companion Card. The back of EACH photograph must contain:

- The name of the person in the photograph; and
- The signature of the same health professional who signs Item 6 of your application.

**Step 5** Return the completed application form and verified photos to:

**ACT Companion Card Program**

**Access Canberra**

**GPO Box 158**

**CANBERRA ACT 2601**

Please allow approximately 20 working days for processing (may increase during peak periods).

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

→ Incomplete applications (including those without signatures or signed photographs) cannot be processed.

For more information or assistance in completing this form contact:

**ACT Companion Card Program**

Access Canberra

Phone: (02) 6205 4333

National Relay Service: 133 677

Email: [companioncard@act.gov.au](mailto:companioncard@act.gov.au)

Website: [www.companioncard.act.gov.au](http://www.companioncard.act.gov.au)

## Companion Card eligibility criteria

To be eligible for a Companion Card in the ACT, an applicant must demonstrate that they meet all four of the eligibility criteria prior to a Companion Card being issued. The presence of any disability alone does not entitle an individual to a companion card.

**Criteria 1** - Applicants must be a permanent resident of Australia, residing in the ACT;

**Criteria 2** - Applicants must demonstrate that they have a significant, permanent disability;

**Criteria 3** - Applicants must demonstrate that, due to the impact of the disability, they would be unable to participate at most community venues or activities without attendant care support; and

**Criteria 4** - Applicants must demonstrate that the need for this level of attendant care will be life-long.

### What is attendant care support?

Attendant care includes significant assistance with mobility, communication, self-care or planning and problem solving, where the use of aids, equipment or alternative strategies does not enable the person to carry out tasks independently. Attendant care does not include providing reassurance or encouragement nor can it be for infrequent or unexpended events or medical emergencies.

The companion card cannot be issued to people who only require attendant care for social support, reassurance, and encouragement or just-in-case type scenarios.

**Please note: A Companion Card is not issued to every person who has a disability.**

A Companion Card is issued to applicants who can demonstrate that they would not be able to participate at most venues or activities without a companion, and that this need is life-long. A Companion Card cannot be issued if the applicant may become independent in the future as a result of treatment or management, training, recovery or development improvements.

### Assessment of applications

The ACT Companion Card Program will assess each application against all of the four eligibility criteria for the program. The ACT Companion Card Program may contact you and your health professional to verify the accuracy of the information you provide or to clarify your eligibility.

All persons applying for a Companion Card will be notified of the outcome of the application in writing.

**Please note: completion of an application form does not guarantee an ACT Companion Card will be issued.**

### Privacy

Community Services Directorate in partnership with Access Canberra has responsibility for delivering the ACT Companion Card Program. All information collected throughout your application process will be handled in accordance with the privacy principles contained in the *Privacy Act 1988* (Commonwealth) and *Information privacy Act 2014* (ACT).

The information you provide will be treated confidentially and used to assess your entitlement to a Companion Card, for statistical purposes and, where consent is given, for evaluation purposes.

De-identified information may be released for statistical purposes and to ensure national consistency in the administration of the program.

Personal information will not be disclosed to any other third party without your consent, unless required by law or for other authorised purposes in accordance with the privacy principles contained in the *Privacy Act 1988* (Commonwealth) and *Information privacy Act 2014* (ACT).

## Item 1.

An ACT Companion Card will only be issued in the name of the person with the disability.

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

- |   |   |
|---|---|
| <input type="checkbox"/> Australian Citizen   | <input type="checkbox"/> Resolution of Status Visa holder                                       |
| <input type="checkbox"/> Permanent Australian Resident  | <input type="checkbox"/> New Zealand Citizen who arrived in Australia prior to 26 February 2001 |
| <input type="checkbox"/> Global Humanitarian Visa holder  | <input type="checkbox"/> Other: Please specify _____  |
| <input type="checkbox"/> Temporary Protection Visa holder (including a Bridging Visa where a Temporary Protection Visa has expired) | _____   |

Please provide your contact details below:

**Title**  Mr  Mrs  Ms  Miss Other: \_\_\_\_\_

**Family name**

**First name** as it is on official documentation such as a Birth Certificate

**Date of birth** \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy)

**Gender**  Female  Male

**Residential address**

Postcode:

**Postal address**  
(if different from above)

Postcode:

**Daytime contact number(s)**

**Email** (if available)

**Preferred method of contact for enquiries**

Phone  Post  Email

## Item 2. Cultural information (optional)

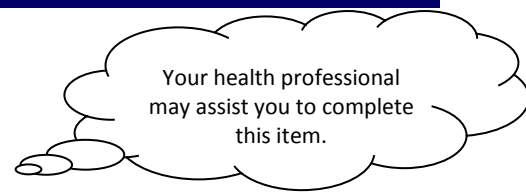
Do you identify as an Indigenous Australian? Please tick as appropriate.

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

Do you need an interpreter when dealing with the Companion Card program team?  Yes  No

If yes, what is your preferred language? \_\_\_\_\_

**Item 3. Describing your disability**



Indicate which of the following best describes your disability and provide the details for each disability. We have provided some examples of diagnoses or conditions to assist you to complete this item.

(You may tick more than one box)

<input type="checkbox"/> <b>Acquired Brain Injury</b> (e.g. stroke, head injury)	<b>Report Attached</b>
Diagnosis: _____	<input type="checkbox"/>

<input type="checkbox"/> <b>Neurological</b> (e.g. epilepsy, Huntington’s disease, Alzheimer's disease)	<b>Report Attached</b>
Diagnosis: _____	<input type="checkbox"/>

<input type="checkbox"/> <b>Physical</b> (e.g. muscular dystrophy, spinal cord injury, cerebral palsy)	<b>Report Attached</b>
Diagnosis: _____	<input type="checkbox"/>

<input type="checkbox"/> <b>Sensory</b> (e.g. vision impairment, hearing impairment)	<b>Report Attached</b>
Diagnosis: _____	<input type="checkbox"/>

<input type="checkbox"/> <b>Intellectual</b> (e.g. Down syndrome, Fragile X syndrome)	<b>Report Attached</b>
Diagnosis: _____	<input type="checkbox"/>

<input type="checkbox"/> <b>Psychiatric</b> (e.g. schizophrenia)	<b>Report Attached</b>
Diagnosis: _____	<input type="checkbox"/>

<input type="checkbox"/> <b>Other</b>	<b>Report Attached</b>
Give a description of the condition that has resulted in your disability: _____	<input type="checkbox"/>

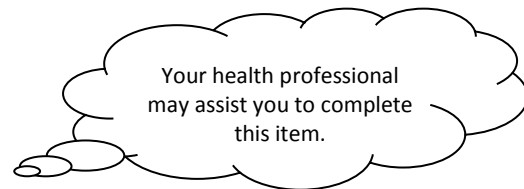
Is your disability episodic?     Yes     No

If yes, describe the frequency of the episodes  times per month; and

Please describe the impact of the episodes.

	<b>Report Attached</b>
	<input type="checkbox"/>

**Item 4. Describing functional supports**



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

**Attendant care** includes significant assistance with mobility, communication, self-care or planning and problem solving where the use of aids, equipment or alternative strategies does not enable the person to carry out tasks independently.

Attendant care does not include providing reassurance or encouragement nor can it be for infrequent or unexpected events or medical emergencies.

A Companion Card cannot be issued if you may become independent in the future as a result of treatment or management, training, recovery or development improvements.

Please provide examples of the attended care your companion/carer provides to you:


Describe your use of aids or equipment (if any)


Additional comments (optional)

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

	<b>Report Attached</b>
<input type="checkbox"/>	

This section is to give us more detail about your specific needs related to your disability.

Please mark in each box the most relevant to your support needs.

	I always need help or support, unable to do alone	I sometimes need help or support	I do not need help or support but use aids or equipment	I do not need help or support and do not use aids or equipment	Not applicable
<b>Assistance with Mobility</b>					
Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting to places out of walking distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving around, standing, walking, and carrying things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in and out of car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Assistance with Communication</b>					
Interacting with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Assistant with self-care</b>					
Personal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My health care i.e. breathing, taking medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Assistant with Learning and Decision making</b>					
Money handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding or following instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remembering things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Item 5 - Applicant statement

Do you consent to participate in the evaluation of the ACT Companion Card Program?  Yes  No

**If an applicant consents to participate in the evaluation of the Companion Card Program, individual contact information may be disclosed to authorised agents (for example, a university) to contact the cardholder to request their participation in research, evaluation or review of the program.**

My signature below (or the signature of my legal guardian/agent, if applicable) verifies the following:

- I meet the Australian and ACT residency requirements; and
- I have a significant, permanent disability and due to the impact of the disability, I would be unable to participate at most community venues or activities without attendant care support; and
- I will advise the ACT Companion Card Program of any changes in my circumstances that may affect my ability to hold a card, with 90 days, (e.g moving interstate, rehabilitation or death) ; and
- I authorise the ACT Companion Card Program to verify the information I have supplied on this form and to obtain any information relating to my 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; and
- I agree that my nominated health professional (as identified in item 6) may disclose information about me to the ACT Companion Card Program to assist with the assessment of my application; and
- I understand and accept the Cardholder Terms and Conditions on page 12; and
- I declare that the information provided in this application is complete and correct; and
- I understand that it is an offense to provide false or misleading information.

**Applicant signature**

**Date:** \_\_\_\_\_

**Legal Guardian/Agent signature**

(If applicable e.g. for applicants under 18 years of age, or for applicants unable to sign)

**Date:** \_\_\_\_\_

### Legal Guardian/Agent details

**Title**  Mr  Mrs  Ms  Miss Other \_\_\_\_\_

**Name**

**Relationship to applicant**

**Daytime contact number(s)**

**Email (if applicable)**

## Information for Health Professionals

**Part B** of this form must be completed by a health professional as listed below:

### Health Professionals:

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

### Verifying an application form - a note for health professionals

ACT Companion Card application forms must be verified by a specified health professional as listed above.

#### As the applicant's nominated health professional you must:

**1. Assess that the person meets all four of the eligibility criteria for the program (page 2)**

A Companion Card cannot be issued if the applicant may become independent in the future as a result of treatment or management, training, recovery or developmental improvements. A Companion Card can only be issued when an ongoing need for a companion can be demonstrated.

**2. Check that all the information provided in Items 1 - 5 of the application form is correct**

This is where applicants must provide information about their specific disability type and details about the assistance they require to participate at community venues and activities. Specific examples of significant attendant care support in at least one core activity area must be provided. Applicants may need your assistance to complete this section, particularly Item 3 (disability diagnosis) and Item 4 (functional ability).

**3. Sign the back of two identical colour passport-sized photographs of the applicant**

**4. Complete Item 6 and sign the declaration**

Do not sign this form if you are not able to verify **all** of the information to support the application.

We recommend that you keep a copy of the application form for future reference. You may be contacted regarding information provided on the application form.



**Item 6. Health Professional Declaration**

Please complete this application form in **BLOCK LETTERS** using blue or black pen.

To be completed by a health professional

Please indicate which health Professional category applies to you:

- Registered Medical Practitioner
- Registered Nurse
- Registered Physiotherapist
- Registered Psychologist
- Qualified Occupational Therapist
- Qualified Social Worker
- Qualified Speech Pathologist

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

Does the applicant require **life-long** attendant care support to participate at most community venues and activities?

Yes  No

**If the need for attendant care support is not permanent, the applicant is not eligible to receive an ACT Companion Card.**

Please mark in each box the most relevant to the applicants support needs:

	Always need help or support, unable to do alone	Sometimes need help or support	Does not need help or support but use aids or equipment	Does not need help or support and do not use aids or equipment	Not applicable
Assistance with Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistant with self-care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistant with Learning and Decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe the attendant care required by the applicant and indicate if the applicant will require attendant type care for the rest of his/her life.


Please provide your contact details below:

<b>Name</b>	
<b>Position</b>	
<b>Employer or Business Name</b>	
<b>Professional registration, membership (if applicable)</b>	
<b>Address</b>	
<b>Daytime contact number(s)</b>	
<b>Email</b>	

I confirm that my signature below verifies the following:

- I have read and I understand the ACT Companion Card eligibility criteria on page 2; and
- I have read all the information contained within this form and verify that it is correct to the best of my knowledge; 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 ACT Companion Card Program to determine the applicant’s eligibility; and
- I have written the applicant’s name and signed the reverse of two passport sized photographs to verify that each photograph is of the applicant; and
- I understand that it is an offense to provide false or misleading information in this application.

Signature

Do not sign this form unless you can verify that the applicant requires life-long attendant care support to participate at most venues and activities.

Date: \_\_\_\_\_

<b>For Official Use Only:</b>	
First Assessor’s Signature:	Date:
Approved: Yes/ No    Comments:	
Second Assessor’s Signature:	Date:
Approved: Yes/ No    Comments:	

## Photographs - Verified by health professional

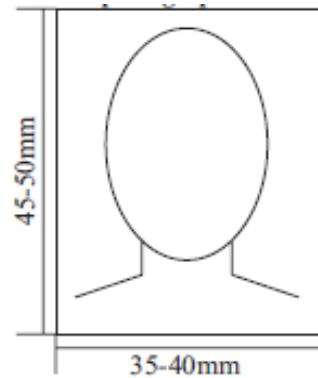
You must include two identical colour passport-sized photographs with your application.

DO NOT use paper clips, tape, staples, glue or pins to attach the photos to the form as this may make them unusable.

Leave the photos loose in the envelope.

The back of EACH photograph must include:

- The name of the person in the photograph; and
- The signature of the same professional who signed Item 6 of your application form.



This is a photo of:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signed

### Acceptable Photos

The following guidelines will help you provide suitable photographs, so that your application is not delayed by having to submit new photographs in the required format.

#### The basics:

- Colour photos only (not black and white);
- 45–50mm high and 35–40mm wide;
- Printed on good quality gloss photo paper;
- No grainy, pixelated or blurry images; and
- No red eye.

#### Photos must:

- be of your head and top of your shoulders;
- be no more than six months old;
- have a plain, light-coloured background (e.g. cream or pale blue);
- show both edges of your face; and
- show you looking at the camera and no hair in your eyes.

#### Head coverings

If you wear a head covering for religious or medical reasons, facial features from bottom of chin to top of forehead and both edges of your face must be clearly shown.

#### Glasses

If you usually wear glasses, they must show your eyes clearly:

- no dark tinted lenses which restrict a clear view of your eyes; and
- no flash reflection off the lenses.

**Note: If you have difficulty meeting these requirements, please contact the ACT Companion Card Program to discuss your situation.**

**Photographs will not be returned to you, regardless of the outcome of your application.**

## 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.

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The ACT Companion Card Program is an initiative of the ACT Government through the Community Services Directorate in partnership with Access Canberra.