

# Cardholder Application Form 2022



## HOW TO APPLY

1. Be sure you fit the Eligibility Criteria listed below and read the Terms and Conditions on page 10.
2. Obtain two, high quality, colour passport photos, have them signed by a health professional or service provider and include them with this form
3. Have the application form signed by the same health professional or service provider
4. Attach any copies of reports you have, which show you will need a carer to access the community for the rest of your life.
5. Return this application to:  
**Companion Card**  
**Locked Bag 5000**  
**PARRAMATTA NSW 2124**

→ **Original applications and photographs will not be returned**

Alternatively, you can email this form, reports and photos to: [applications.companioncard@facs.nsw.gov.au](mailto:applications.companioncard@facs.nsw.gov.au)

**Please note:** incomplete applications, including those without signatures, signed photographs or poor quality photographs, cannot be processed.

**Your application will be processed within 20 working days.**

## ELIGIBILITY CRITERIA

You may be eligible for a Companion Card if:

1. you are an Australian citizen or resident, and live in NSW; and
2. you are a person with a significant and permanent disability; and
3. you are unable to participate at most community venues or activities without attendant care support; and
4. aids and other technologies do not meet your attendant care needs; and
5. your need for this level of attendant care will be life-long.

Please attach reports regarding the applicant's lifelong need for attendant care to access the community



**Please note:** NDIS recipients are not necessarily eligible for a Companion Card. Only people who require high level attendant care support for the rest of their life are eligible. Some people who receive NDIS funding may need support now but may become more independent in the future.

**PRIVACY** The information you provide on this form will be recorded and stored in a database and used solely for the purposes of administering the Companion Card program. The information will not be shared, used or disclosed to anyone who is not involved in the administration or implementation of the program. Your personal information and health information may be disclosed to the third party health professionals and service providers listed in your application for verification and assessment purposes. It may also be provided to third parties for data processing, card manufacture and accurate maintenance of the database. By providing your information in this application form, you, or your agent/guardian on your behalf, consent to the use and disclosure of your information, as set out in this Privacy Statement. Information collected may be accessed by a *Government Information (Public Access) Act 2009 (GIPA Act)* request. The information in this form is managed by the NSW Department of Communities and Justice in accordance with the *Privacy and Personal Information Protection Act 1998 (PPIP Act)*.



If you have questions about this form please contact NSW Companion Card:  
1800 893 044 (Mon–Fri; 9am–4pm)

Translating and Interpreting Service: 13 11 14  
[applications.companioncard@facs.nsw.gov.au](mailto:applications.companioncard@facs.nsw.gov.au)  
[www.companioncard.nsw.gov.au](http://www.companioncard.nsw.gov.au)

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## APPLICANT INFORMATION

**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.

Applicants title (eg. Dr/Mr/Mrs/Ms/Miss/other)

Surname

First name

Gender male female indeterminate/intersex/unspecified

Date of birth / / (if date of birth is not known, approximate age in years)

Telephone number

Email (if available)

Residential address

Suburb

State

Postcode

Postal address  
(if different from above)

Suburb

State

Postcode

**1.a.** Who is the primary contact person for this application?

Applicant or add person's details below

Name

Phone number

Relationship

Email address

**1.b.** Do you wish to be emailed our quarterly newsletter  
that includes news and events for cardholders?

Yes

No

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**ITEM 2.** Cultural information (optional). Cultural information received will be used to improve policy and service delivery.

Do you identify as:

Aboriginal

Torres Strait Islander

Aboriginal and Torres Strait Islander

Do you speak a language other than English at home?

Yes

No

If yes please specify language spoken

**ITEM 3.** If your need for an attendant carer is not permanent, you are not eligible to receive a Companion Card.

**Please describe your disability. We have provided some examples of diagnoses or conditions to assist you to complete this section. Please attach copies of any formal assessments of your condition/s (e.g. visual readings, IQ assessments etc.)**

(You can tick more than one box)

**Physical** (eg.: Muscular Dystrophy, quadriplegia, Cerebral Palsy)

Diagnosis

**Neurological** (eg.: Alzheimer's disease, Huntington's disease)

Diagnosis

**Sensory** (eg.: deaf, blind, legally blind)

Diagnosis

**Acquired Brain Injury** (eg.: Stroke, head injury)

Diagnosis

**Intellectual** (eg: Fragile X syndrome, Rett syndrome)

Diagnosis

**Mental Health** (eg: Schizophrenia)

Diagnosis

**Other:** Give a description of the condition that has resulted in your disability.

**Report  
attached**

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## ITEM 4.

**To receive a Companion Card you must demonstrate that due to your disability you are permanently unable to participate at most community activities without attendant care support from a companion/carer.**

**Attendant care support** includes life-long assistance with mobility, communication, self-care, planning, where the use of aids, equipment or alternative strategies does not enable you to carry out these tasks.

It does not include providing only reassurance, social company or encouragement or care that is required due to a persons young age.

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

**Using the boxes below, describe the applicant's need and level of life-long attendant care required in the areas of mobility, communication, self-care and planning when accessing a community event or venue.**

- Include examples of the attendant care the companion provides.
- If the applicant's condition is episodic, describe the frequency of the episodes.
- How does the applicant currently access community venues and activities?
- Describe the applicant's use of aids or equipment.
- Point form is acceptable.

### Mobility

Provide description of life-long support needs

### Communication

Provide description of life-long support needs

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## **ITEM 4.** (continued)

### **Self-care**

Provide description of life-long support needs

### **Planning**

Provide description of life-long support needs

### **Describe your use of aids or equipment (if any)**

**Is there anything else you would like to add in the space below to support this application?**

**Note:** It is helpful to include details and contact information of any other disability support Services below, e.g.: Day Programs, Respite Care, Speech Therapy, Occupational Therapy, Physiotherapy, etc. School, School support unit, School Counsellor.

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## **ITEM 5. This section is for applicants who live in high level residential support with staff onsite 24 hours.**

If you live in one of these services the manager of the facility can sign this form and your photo.  
If you do not live in 24/7 residential support, your doctor must sign **ITEM 6** instead.

Do you currently receive (or have approval to receive) one of the specific services or supports listed below?  
**If you do not receive one of the specifically named services below, please tick 'No'.**

No > **proceed to ITEM 6.**

Yes > **Please tick below the specific service you receive.**

Government funded group home, 24/7 care

Nursing home, 24/7 care

Government funded Large Residence, 24/7 care

Department of Veterans Affairs  
Attendant allowance

## **SERVICE PROVIDER DETAILS**

To be completed by Manager, or equivalent, of service as indicated above:

Name

Position in organisation

Employer/organisation name

Address

Suburb

State

Postcode

Phone number

Email

## **DECLARATION FROM CURRENT SERVICE PROVIDER**

My signature below confirms all 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 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 the photographs to verify that it is a photograph of the applicant. My signature or esignature is a confirmation that my client has consented for this application to be signed on their behalf.

Signature

Date

/ /

**Organisation stamp (if available):**

**If you have completed this page please go directly to Item 7**

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## ITEM 6. Health Professional Declaration

(If you receive one of the services listed in ITEM 5, your Health Professional does not need to complete ITEM 6)

*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 support*

I am currently practising as one of the following: please tick

Registered Medical Practitioner

Registered Psychologist

Qualified social worker

Qualified speech pathologist

Registered Physiotherapist

Registered Nurse

Qualified occupational therapist

Registered Ophthalmologist

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

**Describe the lifelong attendant care required by the applicant to enable them to access community venues and activities:**

**Will the applicant require attendant care support for the rest of his/her life to enable access to community venues and activities; or will the use of aids, equipment or treatment increase his/her level of independence?**

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## ITEM 6. Health Professional Declaration (continued)

**My signature or esignature below confirms all 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 significant and permanent disability and will always require attendant care at most community venues and activities; I am not the applicant nor am I an immediate family member of the applicant; I agree to provide all information reasonable to assist the Companion Card unit in determining the applicant's eligibility; I have written the applicants name and signed the reverse of both photographs to verify that they are of the applicant.

Provider number

Phone Number

Name

Employer/ business name

Address

Email

Signature

Date / /



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## ITEM 7. Statement by applicant/guardian/agent

**My signature below confirms all the following:** I authorise the 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; 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 understand and accept the Cardholder Terms and Conditions.

I agree for my carer or service provider to type in my signature or input my esignature.

### For applicants over 18 years of age

Applicant  
signature

Date            /            /

OR

### For applicants under 18 years of age, or if the applicant is unable to sign

Legal guardian/  
agent signature

Date            /            /

Name of legal guardian/agent

Relationship to applicant

Telephone

Email

### Include two colour passport photographs.

Do not use tape, staples, glue or pins.

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



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



### If you are completing this form on behalf of the applicant, please provide your details below:

Name

Relationship to applicant

Telephone

Email

For further information or assistance please visit: [www.companioncard.nsw.gov.au](http://www.companioncard.nsw.gov.au)  
or telephone NSW Companion Card on 1800 893 044

# COMPANION CARD 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. If you have previously attended an activity independently, this arrangement should continue.
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 with one Companion Ticket, or admission, at no charge. This ticket will be exempt from all booking fees.
7. Where a cardholder requires more than one companion, this must be negotiated by the cardholder, with the venue/activity operator at the time of booking. Note: providing a second carer's ticket is at the discretion of the venue/activity operator.
8. The Companion Card can be used to obtain admission for any programs, services and sessions run by affiliate 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. Affiliate 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. fee for rides in addition to an entry fee at a fun park). Affiliate venues/activities must issue a Companion Ticket for both admission and additional components if the cardholder determines they require 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, e.g. 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 affiliate venue/activity.
15. If an affiliate venue/activity operator suspects that a Companion Card is being misused, the affiliate can report this to the Companion Card program. Proven misuse of the Companion Card may result in cancellation of the card, and the cardholder will be ineligible to reapply.
16. The Companion Card identifies the cardholder as a person who has a significant permanent disability for the purpose of the Companion Card program but cannot be used as a form of identification for any other purpose.