

# Cardholder Application Form

## ABOUT THE COMPANION CARD

The NSW Companion Card program is for people with **significant and permanent** disability who have a **lifelong need for carer support** when accessing the community. The Companion Card allows a cardholder's support person free entry into participating venues and events.

## ELIGIBILITY CRITERIA

To be eligible for a NSW Companion Card:

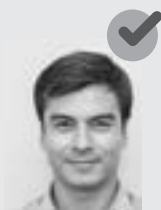
1. You are a person with **significant and permanent disability**; and
2. You can **provide medical or allied health reports** that confirm a **lifelong need for carer support** when accessing the community; and
3. Aids and other technologies do not meet your needs; and
4. You are an Australian citizen or permanent resident, and live in NSW.

**Note:** Eligibility for NDIS does not mean you'll meet the NSW Companion Card criteria.

**→ CHECK ELIGIBILITY GUIDANCE TABLE ON THE NEXT PAGE**

## HOW TO APPLY

1. Complete all sections.
2. Have the form signed and support needs confirmed by your treating health professional.
3. Attach copies of recent reports (not older than 24months) which confirm your diagnosis and lifelong support needs.
4. Include one colour headshot photo. Please attach as a JPG.



5. Email to:

**[applications.companioncard@dcj.nsw.gov.au](mailto:applications.companioncard@dcj.nsw.gov.au)**

The assessment team may request further information if required.

**INCOMPLETE APPLICATIONS  
WILL NOT BE PROCESSED**



If you have questions about this form please contact NSW Companion Card:  
1800 893 044 (Mon–Fri; 10am–2pm)

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

## ELIGIBILITY GUIDANCE TABLE

### Examples of accepted diagnosis

- Autism Level 1 and 2 combined with Intellectual Disability

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- Autism Level 3 (Requiring very substantial support)

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- Untreatable/ incomplete recovery Schizophrenia

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- Intellectual Disability diagnosed and assessed as moderate, severe or profound (e.g. IQ 55 points or less and severe deficits in adaptive functioning)

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- Permanent blindness defined as legally blind

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- Cerebral Palsy (diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System - GMFCS)

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- Down Syndrome

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- Epilepsy: Uncontrolled

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- Spinal cord injury or brain injury resulting in paraplegia, quadriplegia or tetraplegia, or hemiplegia – permanent wheelchair user

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- Motor Neurone Disease

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- Advanced Huntington's

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- Alzheimer's or Advanced Dementia

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- Major organ failure (i.e heart, kidney, lung where transplant or treatment not possible)

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- Chronic Pain Syndrome

### Examples of diagnosis that are NOT accepted when independent of other conditions

- Autism Level 1 (Requiring Support)

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- Autism Level 2 (Requiring substantial support)

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- Conditions which fluctuate in the level of dysfunction

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- Conditions that could be considered 'episodic' where the need for attendant care is just 'in case' (controlled epilepsy/ cardiac arrest risk)

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- Attention Deficit Hyperactive Disorder / Attention Deficit Disorder

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- Asperger's

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- Sensory Processing Disorder

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- Oppositional Defiance Disorder

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- Chronic Fatigue Syndrome

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- Psychiatric conditions that are likely to respond to treatment such as anxiety and depression

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- Minor orthopedic conditions (osteoarthritis/ joint replacements)

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- Obesity

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- Minor communication problems

# Cardholder Application Form

## ITEM 1. APPLICANT INFORMATION

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

Last name

First name

Gender                                      male                      female                      other

Date of birth                                      /                                      /

Phone **(required)\***

Email **(required)\***

Residential address

Suburb

State

Postcode

Postal address  
(if different from above)

Suburb

State

Postcode

**1.a.** Primary contact:

Name

Phone **(required)\***

Relationship

Email **(required)\***

**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. DIAGNOSIS

Please describe your disability. Attach copies of any diagnostic reports or assessments.

### Primary Diagnosis

Diagnosis

### Secondary Diagnosis

Diagnosis

## ITEM 3. SUPPORT NEEDS

Using the boxes below, please describe how much support you need when in the community.

- Include examples of **how** your support person helps you.



### Transport and Travel: Do you need help getting around?

Describe how your support person helps you get out and about in the community, do you need help getting around safely such as crossing roads?



### Communication: Do you need help with communication?

Describe how your support person helps you communicate with others such as ordering food or asking for directions. Do you need help to understand information such as reading signs or filling in forms?

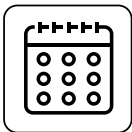
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## ITEM 3. SUPPORT NEEDS (continued)



### **Self care: Do you need help with self-care and daily living?**

Describe how your support person helps with your personal care such as showering, and or daily living such as cooking, cleaning, shopping or attending appointments?



### **Planning: Do you need help with planning?**

Describe how your support person helps you to organise and plan your activities such as buying tickets or attending appointments?

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

## ITEM 4. RESIDENTIAL CARE PROVIDER DETAILS

Please check which service/ support you currently receive.

Government funded residence/group home, 24/7 care

Funded Supported Independent Living (SIL) program

Nursing home, 24/7 care

Department of Veterans Affairs Attendant allowance

None of the above

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## ITEM 5. HEALTH PROFESSIONAL DECLARATION

**Treating Health Professional: Please tick one**

Registered Medical Practitioner

Registered Psychologist

Qualified Social Worker

Qualified Speech Pathologist

Registered Physiotherapist

Registered Nurse

Qualified Occupational Therapist

Registered Ophthalmologist

**List the diagnosis impacting the applicant:**

**Describe how these diagnosis require the applicant to need lifelong attendant care to access the community?**

**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 in determining the applicant's eligibility; **I have sighted the photographs that will be sent with this application to verify that they are of the applicant.**

Provider number

Phone Number

Name

Employer/business name

Address

Email

Signature **(required)\***

Date / /

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## ITEM 6. 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                    /                    /

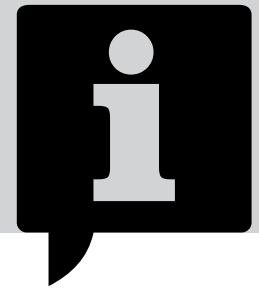
Name of legal guardian/agent

Relationship to applicant

Telephone

Email

# 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 anytime 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.

**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).



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