

Cardholder application form

About the Companion Card

The Queensland Companion Card is issued to people with permanent disability who need lifelong significant attendant care support from a companion to attend community activities. The Companion Card allows a cardholder's companion free entry into participating venues and activities which promotes fair ticketing for people with disability.

A cardholder's companion may be a paid or unpaid assistant or carer, family member, partner or friend.

Applications for children:

A Companion Card can only be issued to a child if, due to the impact of a child's permanent disability, their support needs are above age-appropriate levels and their need for significant attendant care support is likely to be lifelong. Information provided must demonstrate that the support needs are significantly above the standard parental supervision requirements for a child of a similar age.

Eligibility criteria

To be eligible for a Queensland Companion Card you must demonstrate:

1. You are an Australian citizen or resident, and live in Queensland
2. You are a person with permanent disability
3. You need significant support from a companion to help you participate in most events and activities in the community
4. Aids and other technologies do not enable you to carry out these activities independently
5. Your need for this support is lifelong or likely to be lifelong.

Note: Eligibility for NDIS does not automatically mean your support needs match the Queensland Companion Card eligibility criteria.

Privacy

Department of Families, Seniors, Disability Services and Child Safety and Smart Service Queensland, Department of Customer Services, Open Data and Small and Family Business collects personal information from you, including information about your:

- Name
- Email address
- Signature
- Address
- Telephone number
- Date of birth
- Medical records

We collect this information to determine eligibility for a Queensland Government Companion Card.

The *Information Privacy Act 2009* allows or authorises us to collect this personal information.

Your information will be recorded and stored in a database and used solely for the purposes of administering the Companion Card program. Your personal information and health information may be disclosed to any 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 maintenance of the database. By providing your information in this application form, you, or your guardian/agent on your behalf, consent to the use and disclosure of your information, as set out in this privacy statement.

We will only use your information for this purpose. It will otherwise not be used or disclosed unless authorised or required by law. Your personal information will be handled in accordance with the *Information Privacy Act 2009*.

For more information or assistance to complete your application:

Visit: www.qld.gov.au/companioncard

Email: companioncard@smartservice.qld.gov.au

Phone: 13 QGOV (13 74 68)

Application Process

You can use this process as a checklist before submitting to ensure your application is complete.

1. Complete Section 1, Anyone can assist you to complete this form.
2. Obtain two colour head shot photos of you against a plain background and attach to your application. Your health professional must sign the back of your photos.



Photo guidelines

Photo: Getty Images

3. Take the form to your health professional to complete Section 2. Your health professional will need to verify your details, confirm your permanent disability or conditions, provide confirmation of your lifelong need for significant attendant care support, sign Section 2 and sign the back of your photos.

4. Sign Section 3. If you are unable to sign, your guardian/agent may sign on your behalf.

5. Submit your completed and signed form with verified photos by:

In-person

Visiting a Queensland Government Service Centre (QGSC):

Brisbane QGSC
Upper Plaza (access via the corner of George & Charlotte Streets)
33 Charlotte Street
BRISBANE QLD 4000

Cairns QGSC
William McCormack Place
Ground Floor
5B Sheridan Street
CAIRNS QLD 4870

Maroochydore QGSC
Mike Ahern Centre
Ground floor
12 First Avenue
MAROOCHYDORE QLD 4558

Email

Sending your scanned application form as a PDF and a scanned copy of both the front and back of the verified photos as a JPEG:

companioncard@smartservice.qld.gov.au

Post

Post your completed application and photos to:

Cards and Concessions
Smart Service Queensland
Reply Paid 89109
Brisbane City QLD 4000

6. Once your application is received, an SMS will be sent to the applicant or authorised contact advising application received.
7. Your application will progress to be data-entered and assessed against the eligibility criteria. An application takes approximately 20 working days to be processed. Incomplete or missing information on an application cannot be processed. The assessment team may request additional information if required.
8. On approval of your application, an email or SMS will be sent to the applicant or the authorised contact advising application approved.

Section 1 – About the applicant

Item 1 – Applicant details

The applicant is the person with a disability. The Companion Card is issued to the person with the disability, not to the companion.

1a. Please provide your personal details below:

First name			
Middle name (if applicable)			
Surname			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Date of birth (dd/mm/yyyy)			
Residential address			
Suburb			
State		Postcode	
Postal address (if different from residential)			
Suburb			
State		Postcode	
Contact number/s (mobile preferred)			
Email			
Preferred method of contact	<input type="checkbox"/> Telephone	<input type="checkbox"/> Email	<input type="checkbox"/> Authorised Contact

1b. Authorised contact/s for all Companion Card matters (optional).

Please provide your authorised contact person's details if applicable. This person may be your parent(s)/guardian(s), carer, family member or friend (a trusted person who can be contacted for all Companion Card matters on an ongoing basis).

Full name	
Relationship to applicant	
Contact number	
Email	

Full name	
Relationship to applicant	
Contact number	
Email	

Item 2 – Cultural information (optional)

2a. Do you identify as an Indigenous Australian? Please select as appropriate.

☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander ☐ Not applicable

2b. Do you speak a language other than English at home?

☐ No ☐ Yes – please specify language spoken:

Item 3 – Describe your disability

3a. Describe your formally diagnosed disability.

Primary diagnosis:
.....
.....
.....Date of diagnosis:.....

Other diagnosis:
.....
.....
.....Date of diagnosis:.....

3b. Please indicate the outcome of any functional assessments undertaken, including scores or levels if relevant.

Please do not attach reports. You will be contacted if further information is required.

.....
.....
.....
.....

Item 4 – Describe the impact of your disability and support needs

4a. Please select the relevant boxes below and describe how much support you need when going to events and activities.

Include examples of how your companion helps you.



Getting around: Do you need help getting around?

☐ Yes

☐ No

If yes, please describe how your companion helps you get around safely, such as crossing roads, managing transport, navigating venues and/or managing the use of your wheelchair and/or mobility aid.

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Communication: Do you need help with communication?

☐ Yes

☐ No

If yes, please describe how your companion helps you communicate with others, such as making yourself understood, understanding others, asking for directions and/or managing your behaviours.

.....

.....

.....



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

☐ Yes

☐ No

If yes, please describe how your companion helps with your personal care and daily living tasks, such as meal preparation, eating, toileting, shopping and/or managing your medication.

.....

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Planning and decision making:

Do you need help with planning and managing decisions?

☐ Yes

☐ No

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.....

.....

4b. Describe your use of aids or equipment (if any)

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.....

Section 2 – To be completed by a health professional as listed below

This application must only be verified if you consider due to the impact of a permanent disability, the applicant is likely to need lifelong significant attendant care support from a companion to attend events and activities.

Item 5 – Health professional assessment

5a. I am a....(please select one of the following)

- | | | |
|--|--|--|
| <input type="checkbox"/> Registered medical practitioner | <input type="checkbox"/> Registered occupational therapist | <input type="checkbox"/> Qualified Social Worker |
| <input type="checkbox"/> Registered physiotherapist | <input type="checkbox"/> Registered nurse | |
| <input type="checkbox"/> Registered psychologist | <input type="checkbox"/> Certified practicing speech pathologist | |

5b. Please list the permanent disabilities or conditions impacting the applicant:

.....

.....

5c. Do you consider:

- If the applicant is a child – due to the impact of a permanent disability, the applicant's support needs are significantly above age-appropriate levels? ☐ Yes ☐ No
- Due to the impact of a permanent disability and based on where the applicant is in their treatment plan and interventions, the applicant is unable to participate in most events and activities in the community independently? ☐ Yes ☐ No
- The applicant's need for significant attendant care support to participate in events and activities is likely to be lifelong? ☐ Yes ☐ No

5d. Do you agree to receive Companion Card updates and information for health professionals?

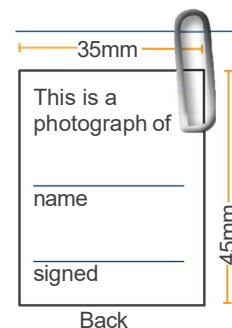
☐ Yes ☐ No

5e. Health professional declaration:

I, have known the applicant for
 <name> <time frame>

and verify the following:

- I have read all the information in this form and verify it is correct to the best of my knowledge.
- I have read **Section 1** and confirm this is an accurate reflection of the applicant's support needs.
- I have endorsed the photos by writing 'This is a photograph of <name of applicant>' and signed the back of both photos to verify that each photo is of the applicant.
- I am not the applicant or an immediate family member of the applicant.
- I consent to the Department of Families, Seniors, Disability Services and Child Safety and Smart Service Queensland, Department of Customer Services, Open Data and Small and Family Business or its authorised agent/s contacting me via phone or email to obtain further information regarding the applicant's eligibility.
- I understand the privacy statement on page 1.



Signature Date

Provider number

Name

Business name

Address

Postcode

Contact number

Email

Professional stamp (if applicable)

Section 3 – Applicant declaration and authorisation

Item 6 – Applicant or guardian/agent declaration and authorisation

6a. I confirm my signature verifies the following:

- I verify that I have a permanent disability and will always require (or I am likely to always require) significant attendant care support to attend events and activities.
- The information I have provided is true and correct.
- I will advise the Companion Card program of any changes in my circumstances that may affect my eligibility to hold a card.
- The Companion Card team can contact me (or my authorised contact) or my health professional via phone, email or SMS to verify the information provided on my application or to obtain further information regarding my application.
- If I hold a Seniors Card, Seniors Business Discount Card or Carer Business Discount Card, my contact details for these cards will be automatically updated based on the information provided on this form.
- I understand and accept the privacy statement on page 1 and the Companion Card cardholder terms and conditions on page 8.

You must provide one of the following signatures:

☐ **I AGREE FOR MY GUARDIAN/AGENT TO TYPE IN MY SIGNATURE OR INPUT MY eSIGNATURE**

Applicant signature (for applicants 18 years of age and over)

..... Date:

Sign here

Guardian/agent signature (for applicants unable to sign or who do not have decision-making capacity)

..... Date:

Sign here

Full name	
Relationship to applicant	
Contact number	
Email	

6b. Do you agree to receive information regarding Companion Card? ☐ Yes ☐ No

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.
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 Companion Card application form.