

## Applying for a Companion Card

The Companion Card program promotes fair ticketing for people with disability who need significant attendant care support to attend venues and participate in community events and recreational activities.

When buying a ticket for participating venues and public transport services, a Companion Card holder is issued with a second 'companion' ticket at no charge. The cost of the second ticket is met by the business.

A companion is any person who accompanies a cardholder and provides attendant care support. The cardholder's companion may be a paid or unpaid assistant or carer, family member, partner or friend.

**A Companion Card is issued to the person with disability, not to their companion.**

### Eligibility criteria

Not all people with disability are eligible for a Companion Card. To be eligible for a Queensland Companion Card you must:

- be a lawful Australian resident living in Queensland; and
- have a disability; and
- because of the impact of the disability, be unable to participate at most community venues or activities without attendant care support; and
- need, or be likely to need, lifelong attendant care support.

#### Lifelong attendant care support:

- This includes significant assistance with mobility, communication, self-care or planning and decision-making, where the use of aids, equipment or alternative strategies does not enable you to carry out these activities independently.
- It does not include the companion providing only reassurance, social company or encouragement.
- A Companion Card cannot be issued if you are likely to become independent in the future as a result of early intervention therapy, treatment, rehabilitation, management, training, recovery or developmental improvement; or by using aids, equipment or alternative strategies.

#### Applications for children:

- A Companion Card can only be issued to a child where significant attendant care support is required due to the impact of a child's disability and not due to age alone. The need for support must be lifelong or likely to be lifelong.
- If it is too early in a child's therapy and intervention program to know the likely lifelong impact of the disability, a health professional or service provider may not be able to verify an application until the child is older.

**If your need for attendant care support is not permanent - that is, lifelong or likely to be lifelong – you are not eligible for a Companion Card. Do not proceed with this application.**

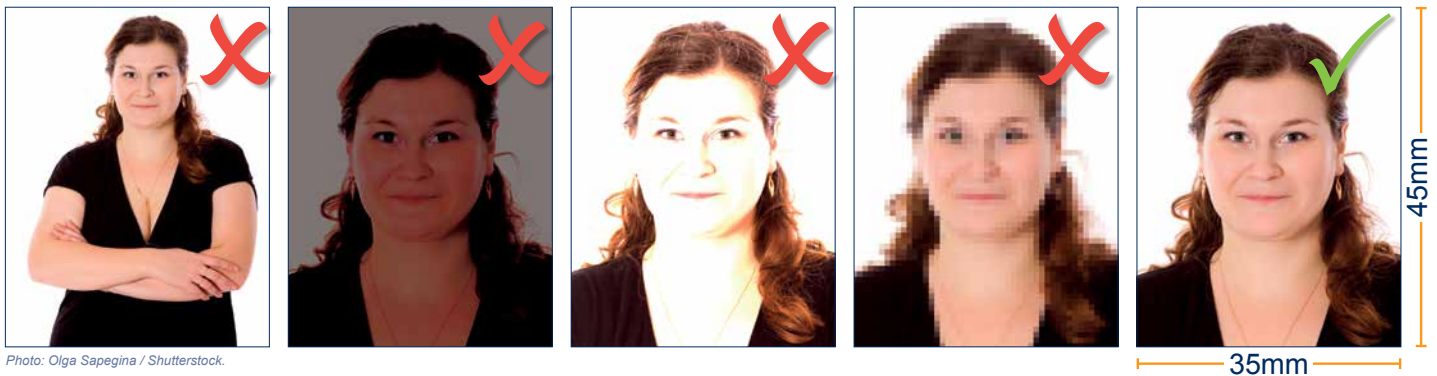
## How to apply

	Check before submitting
1 Complete Section 1 of the application form and obtain two current, colour passport-quality photographs of the person with disability (refer to guidelines below).	<input type="checkbox"/>
2 Sign Section 1 (page 8). If you are unable to sign the form, your legal guardian or agent may sign on your behalf.	<input type="checkbox"/>
3 Refer your health professional or service provider to the eligibility information on page 1, and have them complete Section 2 of the application form and sign the back of both photographs to verify your eligibility for a Companion Card.	<input type="checkbox"/>
4 Return the signed application form and photographs to: Companion Card Smart Service Queensland PO Box 10817 BRISBANE ADELAIDE STREET QLD 4000	<input type="checkbox"/>

### Please note:

- Incomplete applications or applications with photographs that are not of an acceptable quality cannot be processed.
- An application takes approximately 20 working days to be processed.

## Photograph guidelines



## Privacy

The Department of Communities, Disability Services and Seniors is collecting your personal information on this form to assess your eligibility for a Companion Card. Your personal information will be used by authorised officers within the Department of Communities, Disability Services and Seniors, and Smart Service Queensland to administer and evaluate the Companion Card program. Your personal information will be managed in accordance with the *Information Privacy Act 2009 (QLD)*.

### For more information or assistance to complete your application:

**Visit:** [www.qld.gov.au/companioncard](http://www.qld.gov.au/companioncard)  
**Email:** [cardservices@smartservice.qld.gov.au](mailto:cardservices@smartservice.qld.gov.au)  
**Phone:** 13 QGOV (13 74 68)

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# Companion Card application form

## Section 1 — About the applicant

### Item 1 — Applicant details

1a. Please provide your personal details below.

Title (Mr/Mrs/Ms/Miss/other)			
Full name			
Date of birth (dd/mm/yyyy)	/	/	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Residential address			
Suburb			
State		Postcode	
Postal address (if different from residential)			
Suburb			
State		Postcode	
Telephone number/s			
Email			
TTY			
Preferred method of contact for enquiries	<input type="checkbox"/> Telephone <input type="checkbox"/> TTY <input type="checkbox"/> Email <input type="checkbox"/> Authorised contact (if applicable, please provide details below)		

### 1b. (Optional) Authorised contact for all Companion Card matters

Only complete this item if you wish to authorise another person such as your legal guardian/agent to be your contact for all Companion Card matters.

Title (Mr/Mrs/Ms/Miss/other)	
Full name	
Relationship to applicant	
Telephone number/s	
Email	

## Item 2 — Cultural information (optional)

Cultural information is only collected for statistical purposes, policy development and service delivery.

### 2a. Do you identify as an Indigenous Australian? Please tick 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 — Describing your disability

### 3a. Indicate your disability and diagnosis. You may tick more than one.

- Physical** (for example, muscular dystrophy, spinal cord injury, cerebral palsy)

Diagnosis: .....  
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Date of diagnosis: .....

- Neurological** (for example, epilepsy, multiple sclerosis)

Diagnosis: .....  
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Date of diagnosis: .....

- Sensory** (for example, vision impaired, hearing impaired)

Diagnosis: .....  
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Date of diagnosis: .....

- Cognitive** (for example, acquired brain injury, stroke)

Diagnosis: .....  
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Date of diagnosis: .....

**Intellectual** (for example, Down Syndrome)

Diagnosis: .....  
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Date of diagnosis: .....

**Psychiatric** (for example, schizophrenia)

Diagnosis: .....  
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Date of diagnosis: .....

**Other** (give a description of the condition that has resulted in your disability)

Diagnosis: .....  
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Date of diagnosis: .....

**3b. Is your disability episodic (that is, it occurs from time to time)?**

No

Yes — describe the frequency (times per week or times per month)

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**3c. Provide the name, date and outcome of formal assessments relating to your disability, if available. Do not attach any reports. You will be contacted if further information is required.**

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**Item 4 — Describing the impact of your disability and your support requirements**

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

Refer to the eligibility criteria on page 1 of this form or phone 13 QGOV (13 74 68) for further assistance.

**4a. Describe the impact of your disability and how your companion provides attendant care support for you to participate in the community.**

**Your need for attendant care support may be in one or more of the following activities.**

**Mobility** — ability to move around the community safely; for example, you may need significant support from a companion to navigate venues, manage transport or use your wheelchair, or to assist you to get in and out of your seat.

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**Communication** — making yourself understood and understanding others; for example, you may need significant support from a companion to interact with others or to manage your behaviours in a public place.

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**Self-care** — being assisted with daily personal care tasks and activities of daily living; for example, you may need significant support from a companion for meal preparation and eating, dressing, toileting or taking medication.

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**Planning and decision-making** — ability to plan and participate in the community; for example, you may need significant support from a companion to assist with time management, problem solving, decision-making or money handling, or to guide you where to go and what to do at an event.

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**4b. Do you use aids, equipment or assistive technology?**

No

Yes — please describe these .....

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**4c. (Optional) Please provide additional information to demonstrate your eligibility for a Companion Card — for example, details of support or services you may receive, including NDIS funding, Disability Support Pension.**

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**Item 5 — Applicant or legal guardian/agent declaration and authorisation**

**5a. I confirm my signature verifies the following:**

- 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 person) or my nominated health professional or service provider 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 2 and the Companion Card program cardholder terms and conditions on page 11.
- The information I have provided is true and correct.

**You must provide one of the following signatures:**

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

..... **Date** / /  
*Sign here*

**OR**

**For applicants unable to sign or who do not have decision-making capacity:**

**Legal guardian/agent signature**

..... **Date** / /  
*Sign here*

Full name	
Relationship to applicant	
Telephone number/s	
Email	

**5b. (Optional) From time to time, the Queensland Government may organise activities to promote the Companion Card program. Do you agree to receive information or to be contacted regarding these activities?**

- No       Yes



**Section 2 — To be completed by a health professional or service provider**

A health professional or service provider (manager level or equivalent) must provide a statement and sign the back of the applicant's photographs.

Only complete this form and sign the photographs if you can verify that the applicant needs, or is likely to need, **lifelong attendant care support** to attend venues and participate in most community events and recreational activities.

Refer to the **eligibility criteria** on page 1 of this form or phone 13 QGOV (13 74 68) for further assistance.

**Item 6 — Health professional or service provider verification**

**6a. Please provide a statement confirming the lifelong impact of the applicant's disability in one or more of the following activities: mobility, communication, self-care and/or planning and decision-making.**

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**6b. (Tick one of the following) I am a:**

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| <input type="checkbox"/> Registered medical practitioner   | <input type="checkbox"/> Registered occupational therapist       |
| <input type="checkbox"/> Registered physiotherapist  | <input type="checkbox"/> Registered nurse                        |
| <input type="checkbox"/> Registered psychologist   | <input type="checkbox"/> Certified practising speech pathologist |
| <input type="checkbox"/> Qualified social worker eligible for membership with the Australian Association of Social Workers | <input type="checkbox"/> Service provider*                       |

*\* The service must have access criteria that matches the four eligibility criteria of the Queensland Companion Card program (e.g. a specialist disability service or accommodation support service).*

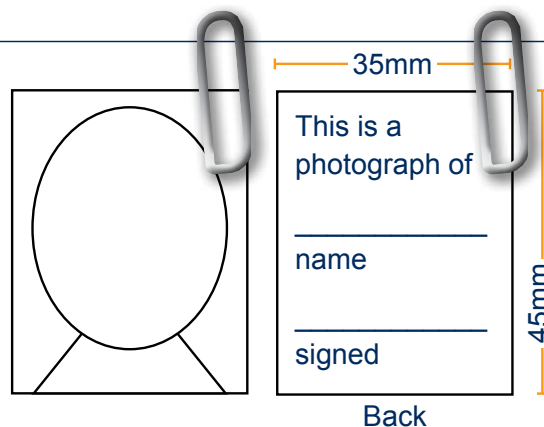
**6c. I have known the applicant for ..... years.**

## Companion Card application form

### 6d. Verify and sign applicant's photographs

Please sign the back of the applicant's photographs and attach to the top of this page using paper clips. Do NOT use tape, staples, glue or pins.

The back of the photographs must include the applicant's name and be signed by the same health professional or service provider who completes and signs this form.



### 6e. (Only to be completed by service providers)

Type of service the applicant receives .....

Date applicant was approved to receive this service .....

### 6f. Health professional or service provider contact details

Title (Dr/Mr/Mrs/Ms/Miss/other) .....

Full name .....

Organisation/employer .....

Professional registration or membership number (if applicable) .....

Service provider position (manager or equivalent) (if applicable) .....

Address .....

Telephone ..... Fax .....

Email .....

### 6g. Health professional or service provider declaration and authorisation

I confirm that my signature verifies the following:

- I have read all the information in this form and verify that it is correct to the best of my knowledge.
- I have read and understand the Companion Card eligibility criteria.
- I verify that the applicant has a permanent disability and will always require (or is likely to always require) significant attendant care support to attend venues and participate in most community events and recreational activities.
- I have signed the back of both photographs to verify that each photograph is of the applicant.
- I consent to the Department of Communities, Disability Services and Seniors or its authorised agent/s contacting me to verify the information provided on this form or to obtain further information regarding the applicant's eligibility.
- I am not the applicant or an immediate family member of the applicant.
- I understand the privacy statement on page 2.

Professional stamp (if applicable):

Signature .....

Date / /

## 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.

## Key contacts

### Queensland Companion Card program

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**Website:** [www.qld.gov.au/companioncard](http://www.qld.gov.au/companioncard)  
**Phone:** 13 QGOV (13 74 68)  
**Email:** [cardservices@smartservice.qld.gov.au](mailto:cardservices@smartservice.qld.gov.au)  
**Address:** PO Box 10817, BRISBANE ADELAIDE STREET QLD 4000

### National Relay Service (for TTY and modem users)

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**Phone:** 133 677

### Anti-Discrimination Commission Queensland

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**Website:** [www.adcq.qld.gov.au](http://www.adcq.qld.gov.au)  
**Phone:** 1300 130 670  
**Email:** [info@adcq.qld.gov.au](mailto:info@adcq.qld.gov.au)

### Australian Human Rights Commission

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**Website:** [www.humanrights.gov.au](http://www.humanrights.gov.au)  
**Phone:** (02) 9284 9600 or 1300 369 711  
**TTY:** 1800 620 241

### Key policy and legal resources

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*Anti-Discrimination Act 1991 (Queensland)*  
*Disability Services Act 2006 (Queensland)*  
*Disability Discrimination Act 1992 (Commonwealth)*  
*United Nations Convention on the Rights of Persons with Disabilities*