

The Companion Card Program supports people with a disability to have the same opportunities for participation and recreation as other community members.

It promotes fair ticketing for people with a lifelong disability who need the significant assistance of a companion to attend activities and venues in their community. The card allows a person's companion free entry into participating venues and events.

Eligibility Criteria


There are 4 requirements to be eligible for a Companion Card:

- 1** You live in Western Australia; and
- 2** You have a significant disability, which may include issues related to ageing and psychiatric illness; and
- 3** Due to the impact of your disability you would be unable to participate at most community venues or activities without attendant care support; and
- 4** Your need for this level of attendant care will be lifelong.

Attendant care includes significant assistance with mobility, communication, self-care or learning, planning and decision making, where the use of aids, equipment or alternative strategies do not enable you to carry out these tasks independently.

How to Apply

Your legal guardian, agent, service provider or health professional may assist you to complete this form. Please ensure you complete all relevant sections as incomplete applications cannot be processed.

- Step 1.** Complete SECTION 1 of the application form.
- Step 2.** Get two identical high quality colour passport sized photographs.
See page 2 for details of acceptable photos.
- Step 3.** Take your form and photos for verification to either a specified service provider or health professional to complete SECTION 2.
- Step 4.** Attach your photographs to the top of page 10 with a paper clip.
- Step 5.**  Return the completed application form and verified photos to:
Companion Card Applications
Reply Paid 184, Northbridge WA 6865

Assessment of Applications

The Companion Card Program will assess each application against the four eligibility criteria. If more information is needed to determine eligibility, the WA Companion Card Program may:

- Contact the applicant (or legal guardian) to ask for additional information.
- Follow up with the service provider or health professional who verified the application.
- Request information from relevant government departments or service providers to assist with the assessment of your application.

Processing your application may take up to 20 working days from the date your application is received.

Photographs

Your photograph will be printed on your Companion Card. **You must provide two current identical colour passport sized photographs showing your head and top of shoulders with your application.**

Photograph guidelines

- Colour photos only (not black and white)
- Printed on good quality gloss photo paper
- No grainy, pixelated or blurry images



On the back of each photograph:

- the name of the person in the photograph; and
- the signature of the same service provider or health professional who signed SECTION 2 of your application form.

Privacy Statement

In accordance with National Privacy Principle (NPP04), information contained in the application form will not be disclosed to any other organisation. However, the Companion Card Program may use the general statistics for future planning. General statistical information does not identify any person. You may access your own information by written request. The Companion Card Program takes all reasonable steps to protect the identifying information it collects from misuse, unauthorised access and disclosure. The Applicant recognises and accepts that the Companion Card Program must take all reasonable steps to ensure that any party to whom personal information is released is aware and complies with the Australian Privacy Laws. Accordingly, information is to be held and dealt with in accordance with the Australian Privacy Act 1988 and the 13 Privacy Principles set out in the Act. For more information on privacy go to www.privacy.gov.au.

For more information, please contact the WA Companion Card Program

Tel: 1800 617 337 Email: wa@companioncard.asn.au www.wacompanioncard.org.au

If you have a hearing or speech impairment, contact us through the National Relay Service.

Visit: www.relayservice.gov.au

SECTION 1. Applicant details

Title: Mr Mrs Ms Miss Other _____

Surname:

First Name:

(as it is on official documentation such as a birth certificate)

Preferred Name (if different):

Date of Birth: / /
 d d m m y y y y

Residential Address:
Suburb:
State: Postcode:

Phone 1: Phone 2:

Email:

Postal Address (if different from above):
Suburb:
State: Postcode:

Legal Guardian (if applicable) Name:
Relationship to Applicant:
Address:

Phone 1: Phone 2:

Email:

Demographic Information *(Optional: information received will only be used for statistical purposes)*

Please tick the box if you have any of the following:

ACROD Parking Permit

NDIS plan

Taxi User Subsidy Scheme

Gender: Male Female Unspecified

Do you identify as an Indigenous Australian? Yes No

If Yes, please indicate the following:

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: _____

Do you require an interpreter? Yes No

Disability Information

Please tick the boxes and describe your disability (you may tick more than one).

<input type="checkbox"/>	Physical (e.g. muscular dystrophy, quadriplegia, cerebral palsy) Diagnosis: Date of onset:
<input type="checkbox"/>	Sensory (e.g. deafblind, vision impairment, speech) Diagnosis: Date of onset:
<input type="checkbox"/>	Intellectual (e.g. Down Syndrome, Rett syndrome, Autism) Diagnosis: Date of onset:
<input type="checkbox"/>	Neurological (e.g. Alzheimer's disease, Epilepsy, Motor Neurone disease) Diagnosis: Date of onset:
<input type="checkbox"/>	Acquired Brain Injury (e.g. stroke, head injury) Diagnosis: Date of onset:
<input type="checkbox"/>	Psychiatric (e.g. schizophrenia) Diagnosis: Date of onset:
<input type="checkbox"/>	Other:

Attendant Care Support

Do you require significant attendant care support with any of the following activities to participate in the community? Please describe each relevant area in detail, including examples of how your companion assists you.

A Mobility Yes No **If Yes,** please provide details and examples

Example: I need a carer to push my wheelchair.

B Communication Yes No **If Yes,** please provide details and examples

Example: I need a carer to make my needs and wants known.

C Self-care Yes No **If Yes,** please provide details and examples

Example: I need a carer to assist me with eating.

D Learning, planning and decision making Yes No **If Yes,** please provide details and examples

Example: I need a carer to assist me with money handling.

For applicants with vision impairment only. Please advise your preferred format to receive information from the Companion Card Program.

- Accessible Text (Word document by email. Arial 12 point)
- Large Print (Word document by email. Arial 18 point)
- Standard Print (Hardcopy document by mail. Arial 12 point)
- Large Print (Hardcopy document by mail. Arial 18 point)
- MP3 or Daisy (Audio CD)
- Braille
- Accessible PDF (Document by mail. Arial 12 point)

Additional Information

Please provide any additional information in support of your application.

You are welcome to attach other supporting documents to your application.

Applicant Statement

This item is to be completed by the applicant or their legal guardian.

I confirm that my signature below verifies that:

- I am a resident of Western Australia.
- I authorise the Companion Card Program to verify the information contained in this form and to obtain further information relating to my eligibility for a Companion Card. This may include requesting information held in databases by government departments, organisations and agencies;
- 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;
- I have a permanent disability and I will always require attendant care type support to participate at most community venues and activities;
- I will advise the Companion Card Program of any changes in my circumstances that may affect my eligibility to hold a card;
- I certify that the information in this application is correct; and I understand and accept the cardholder Terms and Conditions;

I consent to participating in media opportunities and evaluation of the Companion Card Program.

Yes No

The WA Companion Card Program sometimes emails Cardholders with program updates and other information. Would you like to join this mailing list?

Yes No

Applicant Signature

Applicant Signature

Signature:

Date:

OR Legal Guardian Signature

Signature:

Date:

SECTION 2. Health Professional/Service Provider details

To be completed by Health Professional/Service Provider.

A Please indicate which category applies to you:

- Medical Practitioner registered with AHPRA
- Registered Nurse registered with AHPRA
- Physiotherapist registered with AHPRA
- Psychologist registered with AHPRA
- Occupational Therapist registered with AHPRA
- Social Worker eligible for membership with the Australian Association of Social Workers
- Speech Pathologist eligible for practicing membership with Speech Pathology Australia
- Manager, Disability Service Organisation
- Manager, Aged Care Provider

B How long have you known the applicant? _____

C Does the applicant require **lifelong** attendant care support to participate at most community venues and activities? (Attendant care support includes significant assistance with mobility, communication, self care, or learning, planning and decision making, where the use of aids, equipment or alternative strategies does not enable the person to carry out these tasks independently.)

Yes No

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



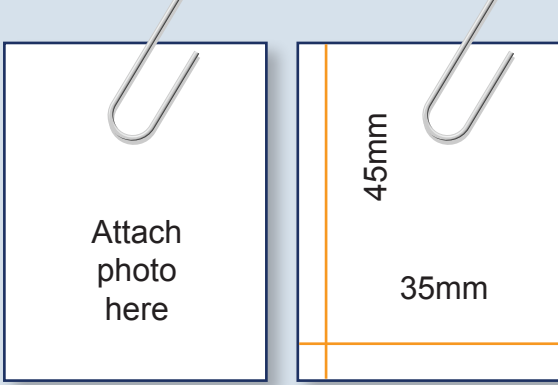
D Please provide details confirming the applicant's **lifelong** need for attendant care support in the community in the areas of: mobility, communication, self-care or learning, planning and decision making.

E Please verify that both photographs supplied are of the applicant, by writing on the back of the photos stating:

- This is a photo of... (insert the name of the person in the photograph)
- Your signature

F **Health Professional/Service Provider contact details:**

Name:
Position:
Employer or Business Name:
Address:
Daytime Contact Number(s):
Email:



Affix verified photographs here using a **clip**.
Do not use tape, staples, glue or pins.

G Health Professional/Service Provider Declaration

I confirm that my signature below verifies all of the following:

- I have read and understand the Companion Card eligibility criteria;
- I have read all of the information contained in this form and verify that it is correct to the best of my knowledge;
- I am not the applicant or an immediate family member of the applicant;
- I agree to offer all reasonable information to assist the Companion Card Program to determine the applicant's eligibility;

Signature:

Date:

AHPRA registration number/provider
number/professional membership
number/stamp:

Companion Card Cardholder Terms and Conditions

It is important that you read and understand the information below:

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 holder 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, this must be negotiated by the cardholder, 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 administration costs (e.g. a fee for rides in addition to an entry free 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.

Applicant Checklist

Please ensure you complete all relevant sections as incomplete applications cannot be processed.

- SECTION 1 has been completed by you or your Legal Guardian.
- SECTION 2 has been completed and signed by either a specified health professional or a specified service provider.
- The same health professional/service provider has verified and signed the back of your passport sized photographs.
- Your photographs are attached with a paper clip to the top of page 10.
- The application has been signed by the applicant or Legal Guardian on page 7.



Please return the completed application form to:

Companion Card Applications
Reply Paid 184
Northbridge WA 6865

Find organisations that accept Companion Card at
www.wacompanioncard.org.au



Like us on Facebook
 CompanionCardWA

