

## Three easy steps to renew your Companion Card

Follow these easy steps to renew your card.

|  | Check before submitting  |
|--|--------------------------|
| <b>Step 1</b> Complete the attached <b>renewal form</b> and obtain <b>two current passport-quality photographs</b> (refer to guidelines over leaf).                              | <input type="checkbox"/> |
| <b>Step 2</b> Have your health professional/service provider sign the form and both photographs to verify your continued eligibility for the Companion Card.                     | <input type="checkbox"/> |
| <b>Step 3</b> <b>Return the signed form and photographs to:</b><br>Companion Card — Card Services, Smart Service Queensland<br>PO Box 10817<br>BRISBANE ADELAIDE STREET QLD 4000 | <input type="checkbox"/> |

*Please note: incomplete renewal applications cannot be processed.  
Please allow 20 working days for processing.*

### Companion Card eligibility criteria

A Companion Card will only be renewed if a cardholder:

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

#### Lifelong attendant care support:

- This includes significant assistance with mobility, communication, self-care, and/or learning, planning and decision making, where the use of aids, equipment or alternative strategies does not enable the person to carry out these activities independently. Attendant care support does not include 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 alternate strategies.

**Companion Cards for children:** A Companion Card is issued to a child where significant attendant care support is required due to a child’s disability and not due to age alone. The need for support must be lifelong or likely to be lifelong.

**For more information about Companion Card:**

**Email:** [cardservices@smartservice.qld.gov.au](mailto:cardservices@smartservice.qld.gov.au)

**Phone:** 13 QGOV (13 74 68)

**Website:** [www.companioncard.gov.au](http://www.companioncard.gov.au)

## Photograph guidelines

Please note: renewal applications with photographs that are not of an acceptable quality cannot be processed.

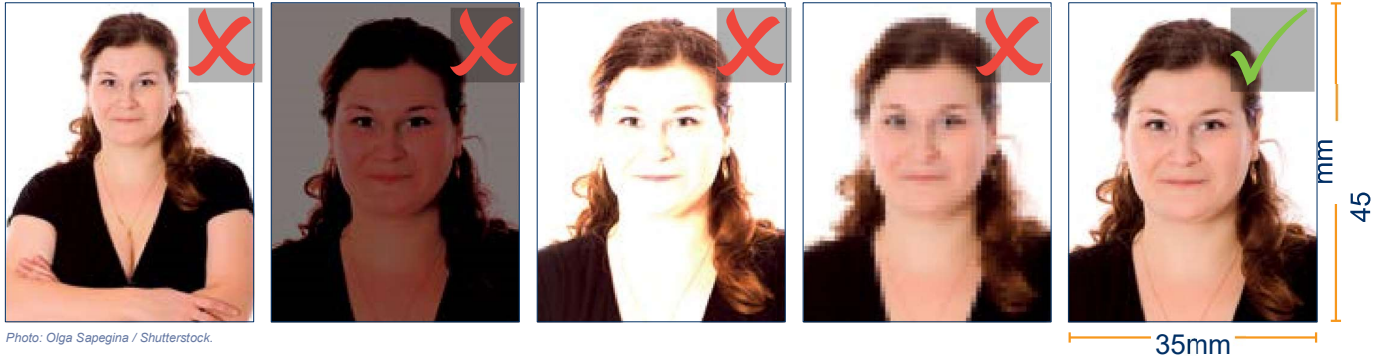


Photo: Olga Sapegina / Shutterstock.

## 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 renewal form.

## Privacy

Department of Child Safety, Seniors and Disability Services and Smart Service Queensland, Department of Transport and Main Roads is collecting your personal information for the purposes of managing and evaluating the Companion Card program. Your personal information will be managed in accordance with the Information Privacy Act 2009 (Qld).

© State of Queensland (Department of Child Safety, Seniors and Disability Services and Smart Service Queensland, Department of Transport and Main Roads ) 2023. The Companion Card® is a registered trade mark owned by the State of Victoria.

# Companion Card renewal form

## Step 1

### Update your cardholder photograph

- Obtain two current, identical, colour passport-quality photographs (refer to guidelines on opposite page).
- Write your name on the back of both photographs and attach to this form using a paper clip.
- Ask your health professional or service provider to sign the photographs and complete the back page of this form.

### Confirm your cardholder details (please print)

Full name \_\_\_\_\_ Date of birth    /    /

Residential address \_\_\_\_\_

Postal address \_\_\_\_\_

Daytime contact number/s \_\_\_\_\_ Email \_\_\_\_\_

### Cardholder or decision maker declaration and authorisation

I confirm my signature verifies the following:

- I am a lawful Australian resident living in Queensland.
- I have a permanent disability and I will always require (or am always likely to require) attendant care support to participate at most 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 consent to the Department of Child Safety, Seniors and Disability Services and Smart Service Queensland, Department of Transport and Main Roads or its authorised agent/s contacting me (or my authorised contact persons) and my nominated health professional/service provider to verify the information provided on my renewal application, or to obtain further information regarding my eligibility.
- I agree that the Department of Child Safety, Seniors and Disability Services and Smart Service Queensland, Department of Transport and Main Roads or its authorised agent/s may contact me to undertake research or evaluation to ensure continuous improvement in the program.

I understand that 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 that non-identifiable information may be released for statistical reporting at the state and national level and to interstate programs to facilitate national consistency in the administration of the program.
- I understand and accept the privacy statement and the cardholder terms and conditions.
- I certify the information I have provided is true and correct.
- I understand it is an offence to provide any false information in this application.

**Cardholder signature** (18 years of age and over): \_\_\_\_\_ Date    /    /

**OR** Formal/informal decision maker (for a cardholder under 18 years of age or unable to sign):

Title \_\_\_\_\_ Full name \_\_\_\_\_

Relationship to cardholder \_\_\_\_\_

Daytime contact number/s \_\_\_\_\_ Email \_\_\_\_\_

**Decision maker signature** \_\_\_\_\_ Date    /    /

## Step 2

### Health professional or service provider to complete below and sign back of photographs

Only sign this form if you are able to verify the cardholder continues to need attendant care support that is lifelong or likely to be lifelong to participate at most community venues or activities (refer to the eligibility information provided with this form).

I am a: (tick one of the following):

- |   |   |
|---|---|
| <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"/> Registered speech and language pathologist |
| <input type="checkbox"/> Qualified social worker who is 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).

### Health professional or service provider contact details (please print)

Title \_\_\_\_\_ Full name \_\_\_\_\_  
 Organisation/employer \_\_\_\_\_  
 Professional registration or membership number (if applicable) \_\_\_\_\_  
 Service provider position (Manager or equivalent) (if applicable) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

### 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 the cardholder has a permanent disability and will always require (or is likely to require) significant attendant care support to participate at most community venues and activities.
- I have signed the back of both photographs to verify that each photograph is of the cardholder.
- I consent to the Department of Child Safety, Seniors and Disability Services and Smart Service Queensland, Department of Transport and Main Roads or its authorised agent/s contacting me to verify the information provided on this form or to obtain further information regarding the cardholder's ongoing Companion Card eligibility.
- I am not the cardholder or an immediate family member of the cardholder.

Signature \_\_\_\_\_ Date     /     /

Professional stamp (if applicable):

#### Office use only:

Client No:.....

Date Rec: .....

App complete: Y / N

Comments: .....

.....

.....

## Step 3

### Post this form with your signed photographs to:

Companion Card — Card Services, Smart Service Queensland  
 PO Box 10817  
 BRISBANE ADELAIDE STREET QLD 4000