

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:

- You are an Australian citizen or resident, and live in Queensland
- 2. You are a person with permanent disability
- 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
- 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.gld.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	□Male	Female	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	Telephon	e \square Ema	ail 🗆 Au	thorised Contact
	horised contact/s for all Please provide your authorisent(s)/guardian(s), car Companion Card matters	Companion Card ma orised contact person er, family member or	tters (optional). s details if applicable friend (a trusted per	le. This person	may be your
	horised contact/s for all Please provide your autho parent(s)/guardian(s), car	Companion Card ma orised contact person er, family member or	tters (optional). s details if applicable friend (a trusted per	le. This person	may be your
	horised contact/s for all Please provide your autho parent(s)/guardian(s), car Companion Card matters	Companion Card ma orised contact person er, family member or	tters (optional). s details if applicable friend (a trusted per	le. This person	may be your
	horised contact/s for all Please provide your author parent(s)/guardian(s), car Companion Card matters	Companion Card ma orised contact person er, family member or	tters (optional). s details if applicable friend (a trusted per	le. This person	may be your
	horised contact/s for all Please provide your authorisent(s)/guardian(s), car Companion Card matters Full name Relationship to applicant	Companion Card ma orised contact person er, family member or	tters (optional). s details if applicable friend (a trusted per	le. This person	may be your
	horised contact/s for all Please provide your authoparent(s)/guardian(s), car Companion Card matters Full name Relationship to applicant Contact number	Companion Card ma orised contact person er, family member or	tters (optional). s details if applicable friend (a trusted per	le. This person	may be your
	horised contact/s for all Please provide your authorized companion (s), car Companion Card matters Full name Relationship to applicant Contact number Email	Companion Card ma orised contact person er, family member or	tters (optional). s details if applicable friend (a trusted per	le. This person	may be your
	horised contact/s for all Please provide your authorized companion (s), car Companion Card matters Full name Relationship to applicant Contact number Email Full name	Companion Card ma orised contact person er, family member or	tters (optional). s details if applicable friend (a trusted per	le. This person	may be your



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 a	pplicable
2b. Do	you speak a language other than English at home?	
[No Yes – please specify language spoken:	
Item 3 -	- Describe your disability	
3a. De	scribe your formally diagnosed disability.	
Pri	mary diagnosis:	
••••	Date of diagnosis:	
Otl	ner diagnosis:	
••••		
••••		
••••		
	ease indicate the outcome of any functional assessments undertaken, including scores or leve	ls if
Ple	ease 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.

	Catting arounds Do you need help getting around?	□ vas	
**	Getting around: Do you need help getting around? If yes, please describe how your companion helps you get around safely, su transport, navigating venues and/or managing the use of your wheelchair and	☐ Yes ch as crossing rond/or mobility aid.	
	Communication: Do you need help with communication?	☐ Yes	
	If yes, please describe how your companion helps you communicate with oth understood, understanding others, asking for directions and/or managing you	hers, such as ma ur behaviours.	king yours
	Self-care: Do you need help with self-care and daily living tasks?	☐ Yes	N
	If yes, please describe how your companion helps with your personal care a preparation, eating, toileting, shopping and/or managing your medication.	nd daily living tas	ks, such a
	Planning and decision making: Do you need help with planning and managing decisions?	Yes	□ No
scribe y	our use of aids or equipment (if any)		



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.

5 – H	ealth professional assessment			
. I am a	a(please select one of the following)		
	Registered medical practitioner	Registered occupatio	nal therapis	st
	Registered physiotherapist	Registered nurse		
	Registered psychologist Certified practicing speech pathologist		logist	
o. Pleas	e list the permanent disabilities or co	nditions impacting the applicant	t:	
. Do yo	ou consider:			
(If the applicant is a child – due to the imp disability, the applicant's support needs a age-appropriate levels?		☐ Y	∕es □ No
1	Due to the impact of a permanent disabil the applicant is in their treatment plan an applicant is unable to participate in most the community independently?	d interventions, the	□ Y	′es □ No
	The applicant's need for significant attendation participate in events and activities is likely			∕es ☐ No
l. Do yo	ou agree to receive Companion Card ι	updates and information for heal	Ith profes	sionals?
	☐ Yes ☐ No			
. Healt	h professional declaration:			
		have known the applicant t		
	me> verify the following:		<ume i<="" td=""><td>rame></td></ume>	rame>
	ave read all the information in this form a owledge.	and verify it is correct to the best of	my	35mm—
	ave read Section 1 and confirm this is an pport needs.	n accurate reflection of the applica	nt's	This is a photograph of
an	ave endorsed the photos by writing 'This d signed the back of both photos to verify	that each photo is of the applican		name
 I am not the applicant or an immediate family r I consent to the Department of Families, Senio 		• • • • • • • • • • • • • • • • • • • •	d Safety	signed
an an	d Smart Service Queensland, Department of Families, Set d Smart Service Queensland, Department of Small and Family Business or its authoremail to obtain further information regard	nt of Customer Services, Open Date of Customer Services, Open	ta	Back
	nderstand the privacy statement on page	•		
Signa	ture	Da	ıte	



Provider number		Professional stamp (if applicable)			
Name					
Business name					
Address					
Postcode					
Contact number					
Email					
tion 3 – Applicant	declaration and authorisation	n			
n 6 – Applicant or quar	dian/agent declaration and authorisa	ition			
	_				
	a permanent disability and will always requ nt care support to attend events and activit				
	The information I have provided is true and correct.				
 I will advise the Control of the Contr	ompanion Card program of any changes in card.	my circumstances that may affect my			
	ard team can contact me (or my authorised MS to verify the information provided on my				
	Card, Seniors Business Discount Card or C	Carer Business Discount Card, my contact			
	ards will be automatically updated based or	the information provided on this form. If the Companion Card cardholder terms and			
conditions on page		the Companion Card Cardiolder terms and			
You must provide one of	the following signatures:				
	and remaining engineering				
I AGREE FOR MY G	UARDIAN/AGENT TO TYPE IN MY SIG	GNATURE OR INPUT MY eSIGNATURE			
Applicant signature (for	applicants 18 years of age and over)				
		Data			
	Sign here	Date:			
Guardian/agent signatu	re (for applicants unable to sign or who	o do not have decision-making capacity)			
	Sign here	Date:			
Full name	digit tide				
Relationship to applicant					
Contact number					
Email					



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.

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