

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 the cardholder's companion or carer to have 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 or 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 does not enable you to carry out these tasks independently.

## Companion Card and young children

A Companion Card can only be issued to a child if they require significant attendant care support due to the impact of their disability rather than age alone. The application must demonstrate that the **support needs are significantly above the standard parental supervision** requirements for a child of a similar age. The need for support must be lifelong or likely to be lifelong.

## 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 (please note that the applicant is the person with a disability).
- Step 2.** Get two identical high quality colour passport-sized photographs of the applicant. See page 2 for details of acceptable photos.
- Step 3.** Take your form and photos for verification to a specified health professional or service provider (listed on page 9) to complete Section 2.
- Step 4.** Attach your verified photographs to the top of page 10 with a paper clip.
- Step 5.** Return the completed application form, verified photos and supporting documents 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 health professional or service provider 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 it is received.

## Photographs

The photograph of the applicant (person with disability) 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 Australian Privacy Principles, 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](http://www.privacy.gov.au).

**For more information, please contact the WA Companion Card Program**

**Tel: 1800 617 337    Email: [wacompanioncard@nds.org.au](mailto:wacompanioncard@nds.org.au)    [www.wacompanioncard.org.au](http://www.wacompanioncard.org.au)**

**If you are deaf or hard of hearing, contact us through the National Relay Service.**

**Visit: [www.relayservice.gov.au](http://www.relayservice.gov.au)**

## Section 1. Applicant details

**Note: the applicant is the person with disability, not their carer or companion.**

Title:  Mr  Mrs  Ms  Miss  Other: \_\_\_\_\_

Surname:

First name:

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

Date of birth:   /   /      
d d m m y y y y

## Contact details

Residential address:

Suburb:

State:

Postcode:

Phone 1:

Phone 2:

Email:

Postal address (if different from above):

Suburb:

State:

Postcode:

## Legal Guardian information (if applicable)

Legal guardian's full name:

Relationship to Applicant:

Phone 1:

Phone 2:

Email:

## Demographic information

Gender:  Male  Female  Unspecified

Do you identify as an Indigenous Australian?

No  Yes, as Aboriginal

Yes, as Torres Strait Islander  Yes, as 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

## NDIS and support services

Please tick the box and provide details if you have / receive any of the following:

National Disability Insurance Scheme (NDIS) plan

Aged care Home Care Package (HCP)

ACROD Parking Permit

Do you receive any funded support hours?  Yes  No

If Yes, please attach your most recent service provider report, or provide details (types of services you receive, how many hours per week):


## Access to the community

**Question 1.** Can you leave the house independently?

Yes, most of the time

Only when going to familiar locations

No, most of the time I need significant support to leave the house

**Question 2.** Do you require physical assistance for the following daily tasks:

Getting dressed  Yes  Sometimes  No

Showering  Yes  Sometimes  No

Toileting  Yes  Sometimes  No

Shopping  Yes  Sometimes  No

Meal preparation  Yes  Sometimes  No

Paying bills  Yes  Sometimes  No

## Access to the community (continued)

**Question 3:** What are your living circumstances?

- Living alone
- Living with family / friends
- Living in supported accommodation
- Other: \_\_\_\_\_

**Question 4:** Are you... (please tick all that apply)

- Working
- In supported employment
- On Disability Support Pension
- Studying, attending mainstream classes
- Studying on individual education plan / with extensive Education Assistant support
- Studying at education support unit or education support school

**Question 5:** How do you get around? (please tick all that apply)

- Driving a motor vehicle (e.g. a car or a motorcycle) to most places you need to go
- Only driving a motor vehicle to familiar / close-by locations
- Not driving a motor vehicle / don't have a driver's licence
- Riding a bicycle, scooter or a similar device
- Using a power wheelchair, mobility scooter or a similar device
- Taking public transport (e.g. a bus or a train) independently
- Taking on-demand transport (e.g. taxi, Uber, etc) independently

## Diagnosis information

Please describe your diagnosis. **Attach copies of any reports, assessments or recent letters from your doctor.**

**Primary diagnosis:**

**Secondary diagnosis:**

## Attendant care support needs

If you have a recent **Functional Capacity Assessment report**, please attach it to this application and proceed to Page 8. If you don't have this report, please answer the questions below.

### Mobility

Do you need a carer to physically help you **move around** when you are at community events and activities?

- Yes       No

If **Yes**, please give clear examples of how a carer helps you.

How often do you need mobility support to access the community?

- All the time (75-100%)  
 Most of the time (50-75%)  
 Sometimes (25-50%)  
 Not often (25% or less)

### Communication

Do you need a carer to help you **make yourself understood and / or understand others** at community events and activities?

- Yes       No

If **Yes**, please give clear examples of how a carer helps you.

How often do you need support with communication to access the community?

- All the time (75-100%)  
 Most of the time (50-75%)  
 Sometimes (25-50%)  
 Not often (25% or less)

## Self-care

Do you need a carer to help you with **personal care tasks such as meal time, toileting, etc.** while going out to community events and activities?

- Yes       No

If **Yes**, please give clear examples of how a carer helps you.

How often do you need self-care support to access the community?

- All the time (75-100%)  
 Most of the time (50-75%)  
 Sometimes (25-50%)  
 Not often (25% or less)

## Learning, planning and decision-making

Do you need a carer to help you with **managing time, handling money, reading, writing, making decisions, figuring out directions and what to do** at community events and activities?

- Yes       No

If **Yes**, please give clear examples of how a carer helps you.

How often do you need support with learning, planning and decision-making to access the community?

- All the time (75-100%)  
 Most of the time (50-75%)  
 Sometimes (25-50%)  
 Not often (25% or less)

## Applicant statement

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

- I confirm that the information in this application is correct;
- 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 understand and accept the Cardholder Terms and Conditions (see Page 11).

The WA Companion Card Program sometimes emails cardholders with program updates and other information. Would you like to join this mailing list? (if Yes, we'll use the email provided on Page 3).

Yes       No

## Applicant's signature

Applicant's signature:

Date:  /  /

**OR** Legal guardian's 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?     Yes     No

**D** What are the applicant's primary and subsequent diagnoses? When stating the diagnosis, please include information on severity/level/stage/scores etc. **Attach copies of recent reports if available.**


**E** Please describe in detail the **functional impact of the applicant's disability** on:

<b>Mobility</b>

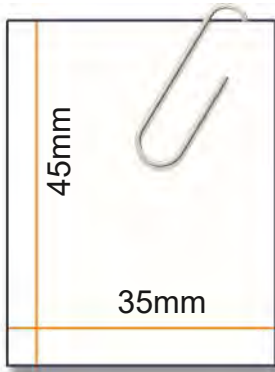
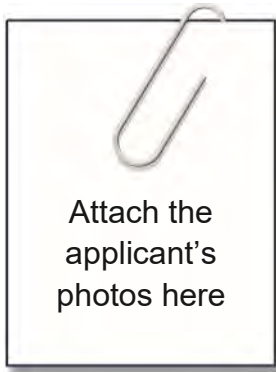
Support required:     All the time (75-100%)     Most of the time (50-75%)  
                                   Sometimes (25-50%)     Not often (25% or less)

<b>Communication</b>

Support required:     All the time (75-100%)     Most of the time (50-75%)  
                                   Sometimes (25-50%)     Not often (25% or less)

<b>Self-care</b>

Support required:     All the time (75-100%)     Most of the time (50-75%)  
                                   Sometimes (25-50%)     Not often (25% or less)



Affix verified photographs of the applicant here using a **paperclip**. Do not use tape, staples, glue or pins.

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)
- Signature of the health professional / service provider

**E** (continued) Please describe in detail the **functional impact of the applicant's disability** on:

**Learning, planning and decision-making**

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- Support required:
- |   |  |
|---|--|
| <input type="checkbox"/> All the time (75-100%) | <input type="checkbox"/> Most of the time (50-75%) |
| <input type="checkbox"/> Sometimes (25-50%)     | <input type="checkbox"/> Not often (25% or less)   |

**F** Provide details about past, current or proposed treatment and recovery available to the applicant. Provide the name, date and outcomes of any formal assessments that may support this application. **Attach copies of reports if available, or additional page(s) with further notes if necessary.**

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**G Health professional / service provider declaration**

I confirm that my signature below verifies that:

- 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:  /  /

Contact details:

Name:
Position:
Employer:
Address:
Phone:
Email:
AHPRA reg. / provider number:

# 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 health professional or a specified service provider whose qualification / position title appear on the list on page 10.
- The same health professional or 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.
- You have attached copies of most recent Functional Capacity Assessment reports and / or diagnostic reports (if available).
- The application has been signed by the applicant or legal guardian on page 8.



**Please return the completed application form with attached photos and included copies of relevant documents to:**

**Companion Card Applications  
Reply Paid 184  
Northbridge WA 6865**

**Find organisations that accept Companion Card at**  
[www.wacompanioncard.org.au](http://www.wacompanioncard.org.au)



**Follow us on Facebook:**



**Post:** Companion Card Program, PO Box 184 Northbridge WA 6865

**T:** 1800 617 337 **W:** [wacompanioncard.org.au](http://wacompanioncard.org.au) **E:** [wacompanioncard@nds.org.au](mailto:wacompanioncard@nds.org.au)

If you are deaf or hard of hearing, contact us through the National Relay Service.

**Visit** [www.relayservice.gov.au](http://www.relayservice.gov.au)



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