

## Application Form

### What is a Companion Card?

A Northern Territory (NT) Companion Card is issued to eligible people with disability who are not able to participate at community activities or events without attendant care support from a companion. On presentation of a NT Companion Card, participating organisations will issue a second ticket free of charge for a companion to attend a community activity or event with the cardholder.

### Who is eligible?

To be eligible for a NT Companion Card a person must:

- Be a permanent resident of Australia, residing in the NT.
- Demonstrate that they have a significant, permanent disability.
- Demonstrate that, due to the impact of the disability, they would be unable to participate at all community activities without high-level attendant care support.
- Demonstrate that the need for this high-level of attendant care will be life-long.

A NT Companion Card will only be issued if you meet ALL the eligibility criteria.

### How do I Apply?

#### **Step 1. Fill in the NT Companion Card Application Form.**

- You can fill in the NT Companion Card Application Form with the help of a guardian, carer, family member or friend.
- Section Four of the Application Form is required to be completed by a registered health professional or service provider, such as your doctor.
- Completion of an Application Form does not guarantee a NT Companion Card will be issued. Applicants on NDIS plans are not automatically eligible.
- Incomplete applications, including those without signature or signed photographs, cannot be processed.

#### **Step 2. Get two colour, passport-sized photographs of yourself.**

These must be signed on the back by the same person who completes Section Four of the NT Companion Card Application Form.

Do not use tape, staples, glue or pins.

The photographs must be a full front view of your head and shoulders only.

Photographs must be no more than six months old.



Write your name on the reverse of both photographs and have them signed by the professional who signed Section Four of

**Step 3. Submit your application form and photographs by mail at the address below.**

You may be asked to submit medical information about your disability, and how an attendant carer would assist you in the community, to support your NT Companion Card application.

Please return the completed form to:

**NT Companion Card Program  
Integrated disability Action  
PO Box 645  
NIGHTCLIFF NT 0814**

For further information or assistance please phone **(08) 8948 5400** or email [info@ntcompanioncard.org.au](mailto:info@ntcompanioncard.org.au)

### Privacy Statement

The information on this form will be recorded and used to assess your application for a Companion Card. Personal information disclosed to Integrated disability Action must be used, disclosed, recorded and secured subject to the *Information Act*.

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Please complete the form in **BLOCK LETTERS** using blue or black pen

# Application Form

## SECTION ONE

The Applicant is the person with disability. Please complete the form in relation to the applicant.

Applicant's title	<input type="text"/>	(eg. Dr/Mr/Mrs/Ms/Miss/other)
Surname	<input type="text"/>	
First name	<input type="text"/>	
Preferred name (to appear on card)	<input type="text"/>	
Gender	Preferred pronouns	
Date of birth	(if date of birth is not known approximate age in years)	
Phone number	<input type="text"/>	
Email (if available)	<input type="text"/>	
Residential address	<input type="text"/>	
Suburb	<input type="text"/>	
State/Territory	Postcode	<input type="text"/>
Postal address (if different from above)	<input type="text"/>	
Suburb	<input type="text"/>	
State/Territory	Postcode	<input type="text"/>

Are you an NDIS participant?  Yes  No

We offer a digital version of the NT Companion card. It can be used with Google Pay and Apple Pay. You will also receive your physical copy. Would you like a digital card, too? Yes No

Who do you nominate as your primary contact regarding this application (other than yourself)?

Name	<input type="text"/>
Relationship	<input type="text"/>
Phone number	<input type="text"/>

If you are completing this form on behalf of the applicant, please provide your details below:  
(if different from above)

Name	<input type="text"/>
Relationship to applicant	<input type="text"/>
Phone Number	<input type="text"/>

## SECTION TWO

If your need for attendant care to access the community is not permanent, you are not eligible to receive a NT Companion Card.

Please tick the boxes and describe your disability. We have provided some examples of diagnoses or conditions to assist you to complete this section. (You can tick more than one box)

**Physical** (eg: muscular dystrophy, quadriplegia, cerebral palsy) Report attached   
Diagnosis

**Neurological** (eg: Alzheimer's disease, Huntington's disease) Report attached   
Diagnosis

**Sensory** (eg: deaf, blind, legally blind) Report attached   
Diagnosis

**Acquired Brain Injury** (eg: stroke, head injury) Report attached   
Diagnosis

**Intellectual** (eg: Fragile X syndrome, Rhetts syndrome) Report attached   
Diagnosis

**Mental Health** (eg: schizophrenia) Report attached   
Diagnosis

**Other:** Give a description of the condition that has resulted in your disability.




**Note:** Please attach supporting documents to demonstrate disability and describe attendant-care need. These may be formal assessments or reports relating to your disability or a supporting letter from your health professional/service provider.

## SECTION THREE

Please describe your need for life-long attendant care support in the areas of mobility, communication, self-care and learning when accessing a community event or venue.

### Assistance required

Minimal – can perform 75% or more of the task  
Some – can perform 50% to 74% of the task  
Substantial – can perform less than 50% of the task

#### Mobility

Minimal                       Some                       Substantial assistance required

Example: I need a carer to push my wheelchair.

#### Communication

Minimal                       Some                       Substantial assistance required

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

#### Self-care

Minimal                       Some                       Substantial assistance required

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

#### Learning, planning and decision making

Minimal                       Some                       Substantial assistance required

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

#### Other

Minimal                       Some                       Substantial assistance required


## SECTION FOUR

Registered Health Professional/Service Provider to complete.

**Please indicate your position:**

- Medical Practitioner
- Registered Nurse
- Social Worker (who is eligible for membership with the Australian Association of Social Workers)
- Psychologist
- Physiotherapist
- Occupational Therapist
- Speech Pathologist who is eligible for membership with Speech Pathology Australia
- Manager, Disability Service Provider
- Other

### Health Professional/Service Provider Declaration

I \_\_\_\_\_, acknowledge that the information provided in Sections Two and Three of this application, is in my professional opinion, a true and accurate reflection of the applicant's disability and attendant care needs based on the information that has been presented to me and I confirm that I have written the applicant's name and signed the reverse of both photographs to verify that they are of the applicant.

Professional Registration or Membership Number	<input type="text"/>
Organisation/Employer	<input type="text"/>
Address	<input type="text"/>
Phone number	<input type="text"/>
Email	<input type="text"/>
Signature	<input type="text"/>

## Cardholder or decision maker declaration and authorisation

I confirm that my signature below verifies that:

- ✓ I am a resident living in the NT;
- ✓ I have a permanent disability and I will always require (or am always likely to require) attendant care support to participate at most activities and events in the community;
- ✓ I consent to Integrated disAbility Action contacting me (or my authorised contact persons) and my supporting health professionals/disability service provider to verify the information provided on my renewal application, or to obtain further information regarding my eligibility;
- ✓ 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 will advise the NT 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;
- ✓ I understand and accept the Cardholder Terms and Conditions; and
- ✓ I understand it is an offence to provide any false information in this application.

**Applicant's signature:**

**Dated:**

OR

**Where the individual is a child,  
the parent's signature:**

**Dated:**

OR

**Where the individual lacks capacity,  
the legal guardian's signature:**

**Dated:**



Attach guardianship order

## What happens now?

All applicants will be told the outcome of their application in writing within 10 working days.

If your application for a NT Companion Card is unsuccessful, you can request a review by emailing [info@ntcompanioncard.org.au](mailto:info@ntcompanioncard.org.au) or writing to PO Box 645, Nightcliff NT 0814.

For further information or assistance please phone **(08) 8948 5400** or email [info@ntcompanioncard.org.au](mailto:info@ntcompanioncard.org.au)

## Cardholder Terms and Conditions

1. The Northern Territory (NT) Companion Card must only be used when the cardholder requires the assistance of a companion to participate in a particular activity and/or event.
2. Only the person whose photograph and details appear on the NT Companion Card can use the card.
3. Cardholders must inform the venue/activity operator of their requirement for a companion ticket at the time they book or purchase their own ticket.
4. Cardholders must provide their NT 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.
5. The minimum expectation of NT Companion Card affiliates is that they will issue cardholders, who require assistance to participate, with one ticket or admission at no charge. This ticket will be exempt from all booking fees.
6. Affiliated venues/activities must ensure cardholders are able to be located physically close to their companions. Cardholders with specific seating requirements must inform the venue/activity operator at the time of booking.
7. Companion tickets cannot be used without the cardholder being present.
8. Acceptance of the NT 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.
9. 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.
10. The NT Companion Card can be used in conjunction with any recognised concession cards.
11. The success of the NT Companion Card depends on responsible use by cardholders. Attempted misuse may result in cancellation of the card.
12. Information provided to NT Companion Card will be handled in accordance with the Information Act. It will not be shared, used or disclosed to anyone who is not involved in the administration or implementation of the program.
13. An applicant accepts the NT Companion Cardholder Terms and Conditions when they submit a NT Companion Card Application Form.