

## 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/disability 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>Detach and return the signed form and photographs to:</b> NT Companion Card, Integrated disAbility Action inc PO Box 645 NIGHTCLIFF NT 0814 or send to <a href="mailto:info@ntcompanioncard.org.au">info@ntcompanioncard.org.au</a>	<input type="checkbox"/>

*Please Note: Incomplete renewal applications cannot be processed.  
Electronic applications must have front and reverse of photo scanned at an acceptable quality and file type eg. jpeg.  
Please allow 10 working days for processing.*

## NT Companion Card Eligibility Criteria

To be eligible for a Northern Territory (NT) Companion Card a person must:

1. be living in the NT; and
2. have a permanent disability; and
3. be unable to participate in community activities and/or events without attendant care support because of the impact of their disability; and
4. need, or be likely to need, life-long attendant care support.

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

Please return the completed form to:

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

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

## Photograph Guidelines

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

These must be signed on the back by the same person who completes Step Two of the NT Companion Card Renewal 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 your form

## Cardholder Terms and Conditions

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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.

### Privacy

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 inc must be used, disclosed, recorded, and secured subject to the *Information Act*.

# 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 disability 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     /     /

Preferred name (to appear on card) \_\_\_\_\_

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

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

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

We now offer a digital version of the NT Companion Card. This can be used with Apple Pay and Google Pay digital wallets. Would you also like a digital version of your card?                      Yes                      No

### Cardholder or decision maker declaration and authorisation

I confirm that my signature below verifies that:

- ✓ I am a resident living in the Northern Territory;
- ✓ 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 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; and
- ✓ 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



Attach guardianship order where cardholder lacks capacity

## Step 2

### Health professional or disability 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"/> Manager, Disability Service Provider       |

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

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

Organisation/employer \_\_\_\_\_

Professional registration or membership number (if applicable) \_\_\_\_\_

Disability Service Provider position (Manager or equivalent) (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

### Health professional or disability service provider declaration and authorisation

I confirm that my signature below verifies that:

- ✓ 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;
- ✓ 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 Office of Disability 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; and
- ✓ I am not the cardholder or an immediate family member of the cardholder.

Signature \_\_\_\_\_ Date / /

Professional stamp (if applicable):

## Step 3

### Detach this page and mail it along with your signed photographs to:

NT Companion Card, Integrated disability Action inc  
PO Box 645  
NIGHTCLIFF NT 0814