



# NT Companion Card

**Information Session**

How to Apply for a Companion Card

# What is the NT Companion Card?

If you have a disability and need a lifelong attendant care support to access the community, you may be eligible for a Northern Territory (NT) Companion Card.

The card allows your chosen companion or carer to go with you to participating entertainment, recreation venues and activities without paying for a ticket for your carer.

The Companion Card Program currently operates in every state across Australia, so the card can be used when on holiday in other states.

## The program aims to:

- promote the existing right of people with a disability to fair ticketing;
- assist businesses and organisations to comply with existing legislation; and
- provide a simple and consistent method of identifying people who legitimately require attendant care support to participate at venues and activities.



# Who is Eligible to apply?

A Companion Card is **not** automatically issued to you if you have a disability. You will be assessed for your eligibility.

**To be eligible, all the following must apply:**

- you must be an Australian citizen or resident
- you must live in the Northern Territory (NT)
- you must have a permanent disability
- you must be unable to go to most community venues or activities without attendant care support
- you must need, or are likely to need, lifelong attendant care support

**You may be eligible for the card if you need significant help with any of the following, but not limited to:**

- mobility
- communication
- decision-making



# Who is Eligible to apply?

## Declined applications

Your Companion Card application might be declined if any of the following apply:

- you have a temporary impairment
- you do not need lifelong attendant care support to access the community
- the lifelong need for care and support in the community can't be determined
- you can't access a particular venue
- you choose to have a companion for social company or reassurance
- you experience infrequent or unexpected events such as allergic reactions, falls or medical emergencies
- you can use available aids, equipment or alternative strategies to access a venue or activity

If your application for a Companion Card is declined, you can request a review by calling IdA on **08 8948 5400** or email [info@ntcompanioncard.org.au](mailto:info@ntcompanioncard.org.au).

You may need to submit more information to support your application.



# How to apply for the Companion Card

## Step One

Fill in the [Companion Card application form](#)

### You can either:

- contact your disability coordinator, allied health professional or aged care coordinator who can help you fill in the form
- or fill in the Companion Card application form with the help of a health professional such as your doctor

## Step Two

Get two colour, passport-sized photographs of yourself. These must be signed on the back by the same person who completes section three of the Companion Card application.

## Step Three

Submit your application form and photographs by mail, in person or via email.

**You may be asked to submit medical information about your disability to support your Companion Card application.**



# Contact Details

Submit your application form and photographs by mail, in person or via email to:

## Mail

### NT Companion Card Program

Integrated disAbility Action

PO Box 645, Nightcliff NT 0814

## Email

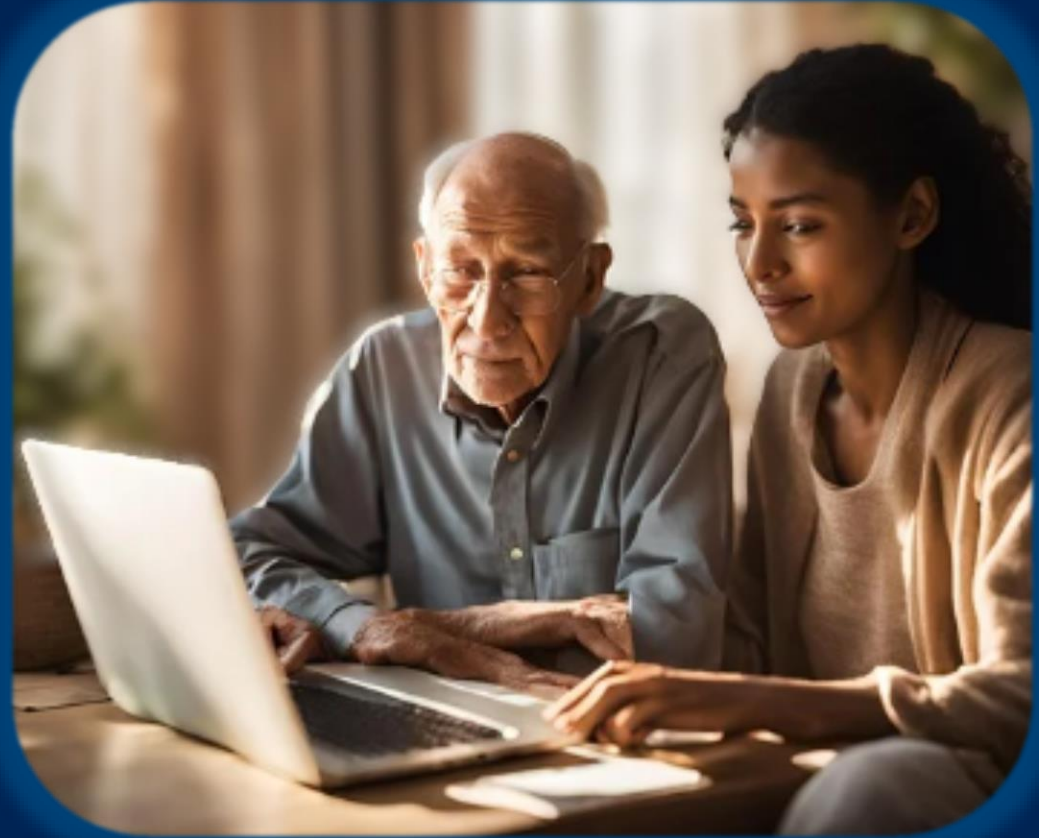
[info@ntcompanioncard.org.au](mailto:info@ntcompanioncard.org.au)

## In person

Unit 4 Nightcliff Community Centre

18 Bauhinia Street, NIGHTCLIFF NT 0810

*Office hours for Companion Card are Mon-Thursday 9am-2pm*



# How to Fill out the Application Form

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  (eg. Dr/Mr/Mrs/Ms/Miss/other)

Surname

First name

Preferred name (to appear on card)

Gender  Male  Female

Date of birth  (if date of birth is not known approximate age in years)

Phone number

Email (if available)

Residential address

Suburb

State/Territory  Postcode

Postal address (if different from above)

Suburb

State/Territory  Postcode

Are you an NDIS participant?  Yes  No

## Section One

This section is about the applicant. The applicant is the person with a disability. **NOT** the carer.

Where possible, it is very important to include the following:

- Contact phone number of the applicant
- Contact email address of the applicant
- Postal address of the applicant (**Do NOT** use an organisations address)

Providing contact information for the applicant allows us to follow up if we need further information to process the application.

# How to Fill out the Application Form

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 One

The nominee can be a carer (including family and friends), allied health professional, legal guardian or house manager.


**Please ensure that if the applicant is a person under guardianship, that you attach a copy of the guardianship orders to the application.**



# How to Fill out the Application Form

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)

<input type="checkbox"/> Physical (eg: muscular dystrophy, quadriplegia, cerebral palsy)	Report attached <input type="checkbox"/>
Diagnosis <input type="text"/>	
<input type="checkbox"/> Neurological (eg: Alzheimer's disease, Huntington's disease)	Report attached <input type="checkbox"/>
Diagnosis <input type="text"/>	
<input type="checkbox"/> Sensory (eg: deaf, blind, legally blind)	Report attached <input type="checkbox"/>
Diagnosis <input type="text"/>	
<input type="checkbox"/> Acquired Brain Injury (eg: stroke, head injury)	Report attached <input type="checkbox"/>
Diagnosis <input type="text"/>	
<input type="checkbox"/> Intellectual (eg: Fragile X syndrome, Rhetts syndrome)	Report attached <input type="checkbox"/>
Diagnosis <input type="text"/>	
<input type="checkbox"/> Mental Health (eg: schizophrenia)	Report attached <input type="checkbox"/>
Diagnosis <input type="text"/>	
<input type="checkbox"/> Other: Give a description of the condition that has resulted in your disability.	
<input type="text"/>	

 **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 Two

In this section, please tick the boxes and describe the applicant's disability in the 'diagnosis' section provided. **Tick all that are applicable to the applicant.**

*e.g. Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder would be under 'Neurological'.*

Please ensure that you include supporting documentation confirming each of the applicants diagnoses and/or conditions in the application. These may be any formal assessments or reports relating to the applicant's disability or a formal letter from the applicant's health professional/service provider.

Please be aware that if you are providing a letter from a health professional or service provider, this **MUST** be a separate letter to the application. **The letter MUST demonstrate the applicant's disability and describe their attendant-care need.**

**We cannot process any applications without supporting documentation.**

# How to Fill out the Application Form

**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 Three

### (THE MOST IMPORTANT PART)

Section three is how we assess whether the applicant is eligible for a companion card.

For each section, please indicate whether the applicant requires minimal, some or substantial assistance. If you are unsure, we recommend using our *Guide to Determining the Level of Assistance Required for the NT Companion Card Application Form: Section Three*. This is also available in an easy read format.

Underneath each section is a text box for you to provide examples of the types of difficulties the applicant has. For example, under Learning, planning and decision making, you could include things such as:

- The applicant has difficulty understanding the consequences of their decisions
- The applicant has difficulty understanding/retaining new information
- The applicant has difficulty following directions

# How to Fill out the Application Form

**Mobility**

Difficulty with mobility can be due to things such as, but not limited to, amputation, paralysis, cerebral palsy, stroke, multiple sclerosis, muscular dystrophy, arthritis and spinal cord injury.

Using the sliding scales below, please indicate how affected you are by the following symptoms:

Constipation/Incontinence

Not Affected 1 2 3 Sometimes Affected 4 5 Heavily Affected

Muscle atrophy or contractions

Not Affected 1 2 3 Sometimes Affected 4 5 Heavily Affected

Difficulty with movement *without* the assistance of mobility aides and/or carers

Not Affected 1 2 3 Sometimes Affected 4 5 Heavily Affected

Dulling of physical senses

Not Affected 1 2 3 Sometimes Affected 4 5 Heavily Affected

Add up the total, based on the numeric value for each of the four categories above.  
e.g. 5 for constipation/incontinence + 3 for muscle atrophy or contractions + 4 for difficulty with movement + 3 for dulling of physical senses = 15 total

Use to the scoring table below to determine your level of assistance required for mobility.  
Your total score of \_\_\_\_\_ is an **indication only** of your level of assistance required.

5 and under (Minimal Assistance Required)	6 - 9 (Some Assistance Required)	10 - 20 (Substantial Assistance Required)
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## 'Guide to Determining the Level of Assistance Required for the NT Companion Card Application Form: Section Three'.

1. Use the sliding scales to indicate how affected the applicant is by each symptom
2. For each section (Mobility, Communication, Self-Care and Learning, planning and decision making), add up the total, based on the numeric value you assigned for each of the symptoms
3. Use the scoring table for each section to determine the level of assistance required (**this is an indication only of the level of assistance required by the applicant**)

E.g. 5 for constipation/incontinence + 3 for muscle atrophy or contractions + 4 for difficulty with movement + 3 for dulling of physical senses = 15 total

15 TOTAL = Substantial Assistance Required for Mobility  
(INDICATION ONLY)

# How to Fill out the Application Form

**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

Organisation/Employer

Address

Phone number

Email

Signature

## Section Four

Section four is to be completed by a registered health professional or service provider. This can be:

- The Applicant's GP or medical practitioner
- A registered nurse
- The applicant's social worker (must be a member of the AASW)
- The applicant's psychologist
- The applicant's physiotherapist
- The applicant's occupational therapist
- The applicant's speech pathologist (must be a member of SPA)
- The applicant's disability service provider

**You must include the professional registration or membership number of the individual completing section four.**

# How to Fill out the Application Form

## Cardholder or decision maker declaration and authorisation

The final section of the application is the declaration page. This section is signed by the applicant. Alternatively, this section can be signed by the parent/guardian of the applicant (if the applicant is under 18) or the applicant's legal guardian.

Please ensure that if the applicant is a person under guardianship, that you attach a copy of the guardianship orders to the application.

**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

