



NATIONAL AFFILIATE APPLICATION FORM

GENERAL INFORMATION

Please read the National Affiliate Handbook before completing this National Affiliate Application Form.

NATIONAL COMPANION CARD INFORMATION

Email companioncard@fahcsia.gov.au or **website** www.companioncard.gov.au

PRIVACY

The information collected will be recorded and stored in the Companion Card database, and used for the purposes of administering the Companion Card program and in order to resolve complaints from or about cardholders. Information, including details in relation to contact officers such as name, business address and phone number, may also be disclosed to and used by state and territory governments for the purposes of administering and evaluating the National Companion Card program and in order to resolve complaints from or about cardholders. The information supplied will be handled in accordance with the Information Privacy Principles under section 14 of the *Privacy Act 1988 (Cth)*.

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For Office Use Only

ITEM 1. ORGANISATION DETAILS

Organisation name:

Business address:

Suburb:

State:

postcode:

Postal address
(if different from above):

Suburb:

State:

postcode:

Telephone:

()

Facsimile:

()

Website
(if available):

ITEM 2. CONTACT PERSON FOR AFFILIATION RELATED ISSUES

Title (Mr/Mrs/Ms/Miss):

First name/s:

Surname:

Position in organisation:

Telephone:

()

Facsimile:

()

Email (if available):

ITEM 3. SERVICE PROFILE

3A. Please provide a brief description of your organisation's activities, and list all the Australian states and territories in which you operate.

3B. If your organisation operates services or venues that have a particularly high profile but which are not easily identifiable as part of the same organisation, you are encouraged to list them separately below. These services/venues will be specifically listed as key affiliates in the Companion Card database.

This may apply to organisations that manage a range of facilities, services and/or grants. It is not necessary for organisations with multiple outlets that trade under the same name (eg. a chain of cinemas) to list every outlet.

If you require additional space to complete this table, please photocopy this page.

Name of Venue/Event/Activity/Grant	Description	Suburb

ITEM 4. AFFILIATE STATEMENT

I am an authorised representative of the organisation listed in ITEM1.

On behalf of the organisation:

1. I understand and accept the Companion Card affiliate terms and conditions and agree to accept the Companion Card at all Australian outlets.
2. I consent to the organisation's name, service description, list of services and website address being published on the National Companion Card website or in other promotional communication as a National Companion Card affiliate.

Please Tick: Yes No

3. The organisation intends to collect statistics on the use of Companion Cards at its venues/events, and will be prepared to share this non-identifying data with the Companion Card program for evaluation purposes.

Please Tick: Yes No

4. The organisation will begin to officially recognise the Companion Card from:

Date: / /

Name of authorised representative:

Position:

Signature:

Date:

 / /

Please return this form in the envelope provided to:

**National Companion Card Affiliate Applications
Disability and Carers Programs Branch
Box 7576, Canberra Mail Centre, ACT 2610.**