Additional Companion application form

To apply to travel on Victorian public transport services with an additional companion, you must:

* hold a current Department of Health & Human Services issued Companion Card (Please note Companion Card holders are not automatically eligible to receive the Additional Companion benefit)
* complete the applicant section of this application form in full
* have a health care practitioner complete the health professional declaration

# Applicant details

## First name

## Last name

## Postal address (please leave a gap between numbers and words)

## State

##

## Postcode

## Phone number

## Email (optional)

## Companion Card number

##

## Companion Card expiry date (dd/mm/yyyy)

# Applicant or guardian/agent declaration

I confirm that my signature agrees to the following:

* I consent to the use and disclosure by Public Transport Victoria of the personal and health information I have provided in this application form, as set out in the below privacy collection notice.
* I authorise Public Transport Victoria to verify the information contained in this form and to obtain and disclose any information relating to this application for the purpose of assessing my eligibility for an Additional Companion. This may include obtaining information held in databases by government departments and agencies, and disclosing information contained in this form or obtained in connection with this application for the purpose of assessing eligibility.
* I agree that health professionals or service providers may disclose information about me to Public Transport Victoria to assist with the assessment of my application.
* I have a permanent disability and I require two attendant care support people to travel on public transport.
* I reside in the state of Victoria
* I certify that the information in this application is correct.
* I understand it is an offence to provide any false information in this application.

## Signature of applicant/guardian/agent (Must be 16 years and over)



### Date (dd/mm/yyyy)

If signed by a guardian/agent, please complete the following;

If the applicant is under 16 years of age or is unable to sign the application, the applicant’s guardian/agent needs to complete and sign the section below

I, (insert name of guardian/agent)      declare that I have read and explained the contents of this application to the applicant and that the details set out for the applicant are correct.

### Relationship to the applicant

### Guardian/agent telephone number

## Health professional declaration

IMPORTANT NOTE: By signing this application form, you are verifying the applicant’s requirement to travel on public transport services with an additional companion.

I am currently practising as one of the following (please tick):

1. Registered medical practitioner [ ]
2. Registered physiotherapist [ ]
3. Registered psychologist [ ]
4. Qualified occupational therapist [ ]

I have seen the applicant in a professional capacity for (insert number of) years       and/or months

Clearly describe why the applicant requires an **additional carer** to travel on public transport. Please note, just stating the applicant’s condition is not sufficient.

My signature below confirms all the following:

* I am not the applicant or an immediate family member of the applicant.
* I agree to offer all reasonable information to assist Public Transport Victoria to determine the applicant’s eligibility.
* I understand it is an offence to provide any false information in this application.

### First name

### Last name

### Phone number

### Signature



### Date (dd/mm/yyyy)

### AHPRA registration number

### Professional stamp (must include name and address)



Please note: Changes in the “Health Professional Declaration” section can be made only by the health practitioner and accompanied by their signature (not initials) and professional stamp.

**Once your Additional Companion application form has been completed, please post to:**

**Additional Companion applications**

PO Box 4724

Melbourne VIC 3001

Please note: We can’t process an incomplete application or return applications. Photocopied applications are not accepted. If you qualify for the Additional Companion, you will generally be notified by mail within 10 business days.

#### Privacy collection notice

Your personal information may be used or shared amongst public transport authorities for the operation of myki, to verify entitlement for an Additional Companion, for ticketing enforcement, in emergencies, as required or authorised under law, with your consent. You’ll be able to access your personal information.

Public Transport Victoria (PTV) understands and respects your right to privacy and is committed to privacy protection. The Privacy and Data Protection Act 2014 and PTV’s Privacy Policy regulate how we collect and handle your personal information.

For more information on terms and conditions and privacy, visit [**ptv.vic.gov.au**](file:///C%3A%5CUsers%5Csusmand%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CVZQUXUHL%5Cptv.vic.gov.au)or contact PTV’s Information Privacy Officer by phone **1800 800 007** or email **ptvprivacy@ptv.vic.gov.au**

Authorised by Public Transport Victoria, 750 Collins Street, Docklands