

ACT Companion Card – Register of Interest

To register your interest in the Companion Card please fill out the form below.

You will be sent an information pack once the Companion Card program commences accepting applications.

* denotes mandatory field

First Name *	<input type="text"/>
Last Name *	<input type="text"/>
Organisation	<input type="text"/>
Postal Address *	<input type="text"/>
Suburb *	<input type="text"/>
State *	<input type="text"/>
Postcode *	<input type="text"/>

If you would also like to receive program updates via email, please provide your email address:

Email:

Are you registering your interest as (please tick one):

- A person with a disability interested in applying for the Companion Card
- A family member, friend or carer of a person with a disability
- A disability support organisation, government agency or health professional
- A business or venue operator interested in finding out more about becoming an affiliate
- Other. Please specify:

Additional Comments:

(Do you require more than one copy of the information pack? Alternative formats?)

* denotes mandatory field

Use of Personal Information Collected

Any personal information you choose to provide will only be used for the purpose for which it was provided and will not be disclosed to other persons or organisations without your prior consent, except where authorised or required by law in accordance with the *Guidelines for Federal and ACT Government World Wide Websites* developed by the Australian Privacy Commissioner.

For additional information, please visit the DHCS website:

www.dhcs.act.gov.au/homepage/privacy_statement

Post the completed form to:

Companion Card Program
Disability ACT
GPO Box 158
CANBERRA CITY ACT 2601