

Industry Affiliation Form

Please complete the affiliation form in BLOCK LETTERS using blue or black pen

Enquiries:

Disability ACT Information Service: (02) 6207 1086

Disability ACT staff are available during business hours to respond to queries regarding business affiliation. Alternatively, you can contact the ACT Companion Card Program via email at companioncard@act.gov.au

Privacy

The Department of Disability, Housing and Community Services is collecting information, including personal information, on this form to assist in the administration of the Companion Card program. Personal information may be disclosed to an authorised agent (e.g. a university) to contact the business/organisation to undertake research, evaluation or review (e.g. a voluntary survey/questionnaire) to ensure continuous improvement in the Companion Card program.

The information collected will be recorded and stored in the Companion Card database and used solely for the purpose of administering the Companion Card program. The information supplied will be handled in accordance with the privacy principles contained in the *Privacy Act 1988* (Commonwealth).

Item 1: Business and organisation details

Trading name / Registered name:

Address:

Suburb: State: Postcode:

Postal address (if different from above):

Suburb: State: Postcode:

Item 2: Contact person

Title (Mr/Mrs/Ms/Miss):

First Name:

Last Name:

Position in business/organisation:

Email:

Telephone:

Item 3: Program evaluation

The business/organisation intends to collect statistics on the use of Companion Cards at its venues/events/activities and will share non-identifying data with the Companion Card program for evaluation purposes

(please tick your preference) Yes No

Item 4: Service profile

Please provide the following details about all the services/venues/events/activities operated by your organisation (including interstate) where the Companion Card will be recognised. It is a requirement under the Affiliate Terms and Conditions that a Companion Card issued in any state or territory is accepted.

Service/venue/event/activity	Address	Telephone	Website

Please attach additional sheet if required.

Item 5: Affiliate statement

I am an authorised representative of the organisation listed in item 1 and on behalf of the organisation:

1. I understand and accept the Companion Card program Affiliate Terms and Conditions; and
2. I agree to accept the Companion Card at all Australian outlets of the business/organisation; and
3. I consent to the business/organisation's name and contact details (including physical location and website address) identified in Item 4 being listed as a Companion Card affiliate on the Companion Card website, and in other promotional communication; and
4. I understand the Department of Disability, Housing and Community Services or its authorised agent (e.g. a university) may use my details to contact the business/organisation to undertake research, evaluation or review (e.g. a voluntary survey/questionnaire) to ensure continuous improvement in the Companion Card program.

Name of authorised representative:

Position:

Signature:

Date:

Please return this form to:

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

