

Cardholder

Replacement Form

June 2018



WHAT TO DO WITH THIS FORM

STEP 1: You **must** complete **ITEMS 1 & 2** (mandatory)

STEP 2: Select from the following options and complete the relevant sections as indicated.

I would like to:

- Replace a lost, stolen or damaged card → Please complete **ITEM 3**
- Change the name on my card → Please complete **ITEM 4**
- Replace an expired card/card due to expire → Please complete **ITEMS 5&6**
- Update my photograph → Please complete **ITEM 6**

STEP 3: You **must** complete **ITEM 7** (mandatory)

STEP 4: To change the name or photograph on your card, you must provide evidence/photographs. Attach these using a paper clip or fold back clip.

STEP 5: Return this form to:
Companion Card
Locked Bag 4028
Ashfield NSW 1800

Original forms and photographs will not be returned.

Please note: incomplete forms, including those without signatures, signed photographs or poor quality photographs, cannot be processed.

Your form will be processed within 20 working days.

PRIVACY

The NSW Department of Family and Community Services (FACS) is collecting your personal information on this form to assist in assessing your eligibility and to administer the Companion Card program. Your personal information will not be disclosed to any third party without your consent or unless required by law. Information collected may be accessed by a *Government Information (Public Access) Act 2009 (GIPA Act)* request. The information in this form is managed by FACS in accordance with the *Privacy and Personal Information protection Act 1998 (PPIP Act)*.



If you have questions about this form please contact NSW Companion Card:

1800 893 044

Translating and Interpreting Service: 13 11 14
applications.companioncard@facs.nsw.gov.au

www.companioncard.nsw.gov.au

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ITEM 4. Change the name on the card

You can only alter the name on your card if you provide a **copy** of evidence that you have had your name legally changed (e.g. Marriage Certificate). **Do not** send original documents, as attachments cannot be returned.

New Details:

Your Title
(e.g. Mr/Mrs/Ms/Miss)

First Name (as it **now** appears
on official documentation)

Surname (as it **now** appears
on official documentation)

First Name to appear on card

Reason for change

ITEM 5. Replace an expired card/card due to expire

If your card has expired or is due to expire, you may wish to update it.

Please provide new photographs for your card.

Yes, I would like to update my Companion Card

ITEM 6. Update card photograph

****required if card has expired/is due to expire****

If you are no longer recognisable from the photograph on your current Companion Card, you may need to update it.

Yes, I would like to update my photograph

- **Attach two colour passport photographs using paperclips or fold back clips. Do not use tape, staples, glue or pins.**
- **The photographs must be a full front view of your head and shoulders only**

Write your name on the reverse of both photographs and have them signed by a health professional or service provider.

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ITEM 6. Update card photograph (continued)

The photograph **must be signed** by:

(a) A Manager of one of the below services (please tick):

- Government funded group home 24/7 care
- Nursing home 24/7 care
- Government funded large residential centre 24/7 care
- Department of Veteran Affairs Attendant Allowance

OR

(b) **Any** of the below health professionals (please tick):

- | | | |
|----------------------------------|------------------------------|-------------------------|
| Registered medical practitioner | Registered psychologist | Qualified social worker |
| Registered ophthalmologist | Qualified speech pathologist | Registered nurse |
| Qualified occupational therapist | Registered physiotherapist | |

Name

Email

Contact phone number

ITEM 7. Applicant/Guardian/Agent Statement (mandatory)

This section should be signed by the applicant or their legal guardian/agent.

My signature below confirms:

- That the information in this form is correct
- That the photographs (if attached) are of the cardholder

For applicants over 18 years of age

Applicant
signature

Date

/ /

**For applicants under 18 years of age, or if the
applicant is unable to sign**

Legal guardian/
agent name

Legal guardian/
agent signature

Date

/ /

Telephone