



INDUSTRY AFFILIATION FORM

GENERAL INFORMATION

Please read the Companion Card Industry Handbook before completing this form.

DO NOT FOLD THIS FORM

Please complete this form in **BLOCK LETTERS** using a blue or black pen.

When completing this form please place ticks in the boxes provided.

Please **DO NOT** place crosses in the boxes or circle the boxes.

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DISABILITY BUREAU ENQUIRY LINE: 1800 009 501

Disability Bureau staff are available during business hours to respond to queries regarding affiliation.

PRIVACY

All information collected by the Disability Bureau throughout the affiliation process will be recorded and stored in a database and used solely for the purposes of administering the Companion Card and, where consent is given, for evaluation purposes. The information will not be shared, used or disclosed to anyone who is not involved in the administration or implementation of the program. The information collected can be accessed via written request to the Disability Bureau. The information supplied will be handled in accordance with the privacy principles contained in the *Personal Information Protection Act 2004 (Tas)*.



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For Office Use Only

VERSION 01/2006T

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:

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Facsimile:

()

Email (if available):

ITEM 4. PROMOTIONAL MATERIAL

You will be sent promotional material for display at point-of-sale when you affiliate. The size and number of promotional packs that you require will depend on the number of ticket boxes, outlets, venues or events at your organisation. Additional materials are available after affiliation, upon request (refer to the Industry Handbook). Please indicate your initial requirements below.

Please tick:

| | | |
|--------------------------|---|---|
| <input type="checkbox"/> | Small Pack (suitable for single locations) | Number of Packs: <input type="checkbox"/> |
| <input type="checkbox"/> | Medium Pack (suitable for up to 10 locations) | Number of Packs: <input type="checkbox"/> |
| <input type="checkbox"/> | Large Pack (suitable for up to 30 locations) | Number of Packs: <input type="checkbox"/> |

ITEM 5. AFFILIATE STATEMENT

I am an authorised representative of the organisation listed in ITEM 1.

On behalf of the organisation:

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

Please tick: Yes No

- 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

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

Date: / /

Name of authorised representative:

Position:

Signature: Date: / /

PLEASE DO NOT FOLD THIS FORM.

Please return this form in the envelope provided (or in any C4 sized envelope) to:

**Companion Card Applications
Disability Bureau, Department of Premier and Cabinet
GPO Box 123, Hobart, Tasmania 7001**