



# APPLICATION FORM

## FOR VICTORIAN CARER CARD

# What can you expect from the Carer Card?



[www.carercard.vic.gov.au](http://www.carercard.vic.gov.au)  
call **1800 901 958** (toll free)

# CARER CARD

**The Victorian Carer Card recognises the invaluable contribution carers make to our community and the lives of the people they care for.**

The Carer Card is a discounts and benefits card for unpaid primary carers in Victoria and has been developed through a collaboration of state and local Government, community organisations and private businesses. The Victorian Carer Card provides valuable discounts on products and services including travel and leisure, education, tourism, health, wellness and retail.

All carers should get a Carer Card. The process was so quick and simple; it took me just minutes on-line. The discounts you receive are a great incentive to get out more and do things that you might not have done without the Card.

## **Carer Cardholder Carolyn**

Carer Cardholders can also enjoy discounted entries to many State Government venues such as zoos, museums and various festivals.

To be eligible to receive a Carer Card you will need to be a resident of Victoria and an unpaid primary carer of a person with a disability, a severe or chronic medical condition, a mental illness or someone who is frail aged or in need of palliative care. Foster and kinship carers are also eligible to apply for a Carer Card.

The Victorian Government Carer Card program has been created to provide more recognition, support and understanding for carers.

Victorian Carer Card (**'We Care'**) entitles holders to free weekend travel in any two consecutive zones.

# We think it's time Carers were recognised for all the work they do.

The Victorian Government Carer Card program provides eligible unpaid primary carers with access to a wide range of discounts, incentives, specials and deals created especially for them.

Carers will enjoy discounts on **food and drink**, **homewares**, **travel and entertainment**... **Automotive supplies**, **garden supplies**, **clothing**, **recreation** and more.

All Victorian Carer Card ('**We Care**') holders are eligible for concession fares, free weekend travel, free travel vouchers and free travel during Carers week.

A Victorian Carer Card ('**We Care**') entitles holders to free weekend travel in any two consecutive zones. Cardholders who live in Victoria also have access to two or four free off-peak travel vouchers per year (depending on where you live).

You will need to register for free travel vouchers via PTV's website.

For further information visit the Public Transport Victoria website or call 1800 800 007 (6am – midnight daily).

It's just one way that Victoria is showing Carers that **we care**.

Please open this form to complete your Carer Card application.



# TERMS AND CONDITIONS

I understand that:

- the Australian Government Department of Human Services will use information I have provided to the Victorian Department of Health and Human Services to confirm my eligibility for the Carer Card and will disclose to the Victorian Department of Health and Human Services personal information including my name, address, payment and concession card type and status.
- this consent, once signed, remains valid while I am a customer of the Victorian Department of Health and Human Services unless I withdraw it by contacting the Victorian Department of Health and Human Services or the Australian Government Department of Human Services.
- I can obtain proof of my circumstances/details from the Australian Government Department of Human Services and provide it to the Victorian Department of Health and Human Services so that my eligibility for the Carer Card can be determined.
- if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the Carer Card provided by the Victorian Department of Health and Human Services.



# PRIVACY NOTICE

Your information will be securely stored and not used for any other purpose without your consent, other than what is outlined below. We may send you information about this program. The information you provide will be retained only for the period required by the *Public Records Act 1973*. You are able to access your personal information provided to DHHS and seek to correct this information or withdraw consent, if necessary. Without the information requested, DHHS is unable to assess your eligibility for a Carer Card.

For details about privacy and on how you may access personal information held about you telephone Carer Card on **1800 901 958**.

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**RETURN THIS FORM TO:** (please note, no stamp required)

Carer Card Program

Reply Paid 92699

PORT MELBOURNE VIC, 3207

Please allow 4 weeks from receipt of application form for your new Carer Card to arrive in the mail.

If you would like to receive this publication in another format, please phone 1800 901 958 using the National Relay Service 13 36 77 if required, or email [carercard@dhhs.vic.gov.au](mailto:carercard@dhhs.vic.gov.au)

This document is also available on the Internet at [www.carercard.vic.gov.au](http://www.carercard.vic.gov.au)

# Application for a Victorian Carer Card

Please allow 4 weeks from receipt of your application for it to be processed.

## SECTION ONE: YOUR DETAILS Please make sure you complete ALL fields with an asterick \*, otherwise we will not be able to accept your application

Mr  Mrs  Ms  Miss  PLEASE TICK Other :

\* Given Name: \_\_\_\_\_ \* Surname / Family Name: \_\_\_\_\_

Middle Name (please don't use brackets): \_\_\_\_\_ \* M  F  PLEASE TICK \* Date Of Birth: / /

\* Street Address: \_\_\_\_\_

\* Suburb: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_ \* Phone: \_\_\_\_\_

Postal Address if different from above: (Completion of this section is optional)

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

## SECTION TWO: CULTURAL INFORMATION (Completion of this section is optional) PLEASE TICK

Do you identify as an Indigenous Australian? **Aboriginal**  **Torres Strait Islander**  **Both Aboriginal and Torres Strait Islander**

Do you speak a language other than English at home? **YES**  **NO**

If yes, please specify language at home: \_\_\_\_\_

## SECTION THREE: ELIGIBILITY \*Relevant fields in this section are mandatory

\* **Please provide confirmation of your entitlement for a Carer Card by providing the following information.**

To be eligible you must be a Victorian resident. Please select how you qualify for a Carer Card. You will need to provide proof.

Please tick which category of carer you are applying under. You need only tick one box.

A.  **I am a Centrelink Carer Payment or Carer Allowance recipient.**   
CRN (Centrelink Reference Number):

B.  **I am a formal DHHS foster, kinship, respite or permanent carer.** DHHS Vendor Number:

You will find this 6 digit number on the upper portion of your remittance advice sent to you by DHHS.

C.  **I am an informal Kinship Carer** – You can use a copy of the court order giving you care of a child or a “Statutory Declaration for Informal Relative Carers” (provided by the Office of the Child Safety Commissioner) as proof of your role as an informal kinship carer. These documents must be sighted, and **Section Four** of this application form completed and signed, by one of the following health professionals: A legally qualified medical practitioners; a registered nurse; a physiotherapist; a registered psychologist; a registered social worker; an occupational therapist; a mental health carer consultant.

D.  **I am a Primary Carer, as nominated by my Health Professional.** Please ensure you meet the eligibility requirements of a Primary Carer before identifying in this category. Then, please have a health professional complete **Section Four** of this application form. This section must be completed by one of the following health professionals who are currently involved in the treatment of either yourself, or the person you provide care for. A legally qualified medical practitioner, registered nurse, physiotherapist, registered psychologist, registered social worker, occupational therapist, aboriginal health worker (in a geographically remote area) or a mental health carer consultant.

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**SECTION FOUR: FOR CATEGORY C AND D CARERS ONLY / HEALTH PROFESSIONAL DECLARATION**

This section only needs to be completed if you selected **c** kinship carer or **d** primary carer and do not have a Centrelink Reference Number.

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\* Name:

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\* Address:

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\* Title of Qualification:

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\* Daytime Contact Phone Number:

Medicare Provider Number: (if applicable)

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Name of health service employer: (if applicable)

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**DECLARATION.**

\* I certify that (name)

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is a carer as defined in **Section 3. C or D**

\* Signature:

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\* Date

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Carer Cards will be issued for either 12 months or 5 years. Please indicate whether application is a short term or long term carer and for further information about signing a Carer Card Application form please visit

[www.carercard.vic.gov.au/medicalpractioners](http://www.carercard.vic.gov.au/medicalpractioners)

**Short term** carer eligible for 12 month Carer Card       **Long term** carer eligible for 5 year Carer Card      **PLEASE TICK**

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**SECTION FIVE: ADDITIONAL INFORMATION** (Completion of this section is optional)

The Department of Health & Human Services is collecting additional information to ensure this program is best targeted to the needs of carers and is valued by both carers and participating businesses.

Age of the person you provide care for:       How long have you been a primary carer:  years

The person you provide care for: **PLEASE TICK**       **Has a disability**       **Has a mental illness**       **Frail Aged**  
 **Requires palliative care**       **Other**

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**SECTION SIX: TRAVEL ENTITLEMENTS**

As a Carer Cardholder, you may be eligible for free Sunday travel on Victorian trains, trams and buses. You will be provided with further information on how to apply for a myki with free Sunday travel should your application for a Carer Card be successful.

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\* **Is this application for a renewal Carer Card?** **PLEASE TICK**

**YES.** My Card Number is: \_\_\_\_\_

**NO,** this is the first time I have applied for a Carer Card.

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**\* CARDHOLDER AGREEMENT**

**\* Mandatory field**

PLEASE REFER TO THE REVERSE OF THIS FORM FOR IMPORTANT INFORMATION ABOUT PRIVACY AND YOUR RIGHTS, TERMS AND CONDITIONS.

I authorise:

- the Victorian Department of Health and Human Services (DHHS) to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my Centrelink Customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service.
- the Australian Government Department of Human Services to provide the results of that enquiry to the Victorian Department of Health and Human Services.

I agree that the information I have provided is true and correct. I understand that the Department of Health and Human Services will use my Centrelink Reference Number to verify my eligibility (where applicable). I will advise DHHS of any changes in my circumstances that may affect my eligibility to hold a Carer Card. I understand that I will need to present my Carer Card to access discounts, and my Carer Card is for my personal use only. The Carer Card cannot be used in conjunction with other offers. I understand that DHHS may use my details to contact me to undertake research, evaluation or review of the Carer Card Program (for example a survey or questionnaire) to ensure continuous improvement of this Program. Participation will be entirely voluntary.

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\* Applicant's Signature:

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\* Date

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