

APPLICATION FORM

Carer Business Discount Card

Please complete this form using a ballpoint pen and BLOCK LETTERS.

Do you currently have a Queensland Seniors Card or Seniors Business Discount Card? Yes No

Section 1

I am applying for a Carer Business Discount Card for the first time

Please go to section 2 and complete ALL sections of this form

I am an existing Carer Business Discount Card holder and I would like to:

Renew my card Replace my card Change my name Change my address

Please complete sections 2, 5 and 6 only.

Cancel my card

Please complete sections 2 and 6 only.

Carer Business Discount Card number (if known): Q /

Section 2: Your details

Title

Mr Mrs Miss Ms

Name

First name:

Surname:

Middle name:

Preferred name:

Date of birth

DD MM YYYY M F

Telephone:

Gender

Residential address

Street

Suburb

Postcode

Postal address (if different to above)

Street

Suburb

Postcode

Email address:

Section 3: Discount offers

I would like to receive the Business Discount Directory annually. Yes No

I would like to receive additional information relevant to carers, including special discount offers, from government agencies and registered businesses. Yes No

Section 4: Cultural information (optional) Please tick the boxes where appropriate

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 spoken:

Cultural information received will be used for statistical purposes to improve policy and service delivery.

Section 5: Eligibility

Centrelink Customer Reference Number (CRN)

You will find your CRN on the back of your Centrelink Pensioner Concession Card or in official correspondence from Centerlink. Make sure you supply your own CRN and not that of a spouse or dependant.

If you are unsure of your CRN, please phone Centrelink on **13 27 17**.

Type of benefit received (tick one or both): Carer Payment Carer Allowance

Section 6: Cardholder Authorisation

I have read the terms and conditions as listed on the website.

Signature: Date:

Return this form by: (1) Fax to 1300 300 768

(2) Freepost to: Smart Service Queensland, Reply Paid 10817, Brisbane Adelaide Street, Qld 4000