

Seniors Card, Seniors Card+go or Seniors Business Discount Card Application form

Privacy Disclaimer: The Department of Communities, Child Safety and Disability Services is collecting your personal information on this form in order to assess your eligibility for the Seniors Card, Seniors Card+go or Seniors Business Discount Card. Your personal information will be used by authorised officers within the Department of Communities, Child Safety and Disability Services, Smart Service Queensland and contracted service providers to administer and evaluate the Seniors Card and Seniors Business Discount Card scheme. Your personal information will be managed in accordance with the *Information Privacy Act 2009*.

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

Once completed, please attach your proof of age (if relevant) and return via:

Post: Card Services

Reply Paid 10817 (no stamp required) Brisbane Adelaide Street QLD 4000

Fax: 3405 6444

Email: Scan and email to cardservices@smartservice.qld.gov.au

Alternatively, you can apply for a card online at www.qld.gov.au/seniorscard

Title:	Mr]	Mrs			Ν	/Is			Mis	SS			(Oth	er								
Given name:																									
Middle name:																									
Family name:																									
Home address:																									
																			Pos	stco	de:				
Postal address: (if different from above address):																			Pos	stco	de:				
Date of birth:	D	D	[Μ	M		Y	Y	Y	Y]	Pł	none	e:											
Email:																									
Section 2: Spe				-								-													
I wish to receive participating busi				nfori /es	mat	ion		out No	spe	cial	dis	cou	nt o	offers	s fr	om	gov	ern	me	nt a	ger	ncie	s ar	nd	
Section 3: Cul	ltura	al in	nfor	ma	tio	n (o	pti	ion	al)	(plea	ase ti	ick b	oxes	s whe	ere a	appi	opria	ate)							
Please indicate i	f you	ı ide	entif	y as	S:																				
Aboriginal			[То	rres	s St	rait	Isla	inde	er			Ab	ori	gina	al ar	nd T	orre	es S	Stra	it Is	lanc	ler	
Do you speak a l	ang	uag	e of	ther	tha	n E	ngli	ish	at h	om	e?			No)			Ye	es						
(If yes, please sp	ecif	y lai	ngu	age	spo	oke	n)																		
Section 4: Typ	oe of	f ca	rd																						
I am applying for Seniors Car						Ser	niors	s Ca	ard-	⊦go						S	enic	ors I	Bus	ine	ss E	Disc	oun	t Ca	ard

Section 1: Your details (Note: You must be a permanent resident of Queensland)



Section 5: Your proof of age, address and eligibility for a card
Section 5. Tour proof of age, address and engibility for a card
Do you work more than 35 hours per week in paid employment? No Yes
To confirm your details, please provide one of the following:
Centrelink customer reference number:
See the front of your Pensioner Concession Card, Health Care Card or Commonwealth Seniors Health Card (e.g. 123456789A
Department of Veterans' Affairs file number:
See the front of your Pensioner Concession Card, Commonwealth Seniors Health Card, Repatriation Health Card (Gold or W or Repatriation Pharmaceutical Benefits Card (Orange) (e.g. QSM61234A).
If you do not have one of the above cards, please provide one of the following:
Queensland Driver Licence
Adult Proof of Age Card number:
If you do not have any proof of age, please contact Card Services on 13 QGOV (13 74 68).
Section 6: Your signature
 I confirm I am a permanent resident of Queensland.

- I understand my personal information is managed in accordance with the Information Privacy Act 2009.
- I authorise the Department of Communities, Child Safety and Disability Services to use my personal information to confirm eligibility with the Department of Transport and Main Roads, Centrelink and/ or Department of Veterans' Affairs, and concession providers including electricity retailers and other government agencies.
- I will advise the Department of Communities, Child Safety and Disability Services of any changes in my circumstances that may affect my eligibility to hold a card.
- I understand that if I am in possession of a Carer Business Discount Card or Companion Card, the Department of Communities, Child Safety and Disability Services will update my current details for this card.
- I understand that I can revoke this consent at any time by writing to Card Services, Smart Service Queensland, Reply Paid 10817 (no stamp required), Brisbane Adelaide Street QLD 4000.
- All information provided on this application is true and correct.

Please sign here:

Date: