

Carer Card **Business/Council Application Form**

1. BUSINESS DETAILS

Registered name: _____ ABN: _____

Trading name: _____ ACN: _____

Business Description: _____

Message to Carers: _____

For example, we would like to invite carers to enjoy 10% off all purchases. _____

Business Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Website Address: _____

2. BUSINESS CONTACT DETAILS **If more than one outlet, please email details to carercard@dhs.vic.gov.au**

Title: _____ First Name: _____ Surname: _____

Position: _____ Business Phone: _____

Email: _____ Business Fax: _____

3. DISCOUNT OR OFFER PLEASE INDICATE DISCOUNT AS IT WILL APPEAR IN THE CARER CARD DIRECTORY. **please tick**

10% 15% 25% 30% 50% Other

Alternatively I would like to discuss my offer directly with the Carer Card Program. Please call me.

Please note that final agreement on the terms of the discount or offer is at the absolute discretion of the Department of Human Services.

4. AGREEMENT BY BUSINESS

I warrant that I am authorised to apply to enter into an agreement on behalf of the Business/Council named in Item 1 above.

Name: _____ Position: _____

Signature: _____ Date: _____

If your application is approved, you will be sent a Carer Card Program Agreement with terms and conditions for your signature.

RETURN THIS FORM IN THE REPLY PAID ENVELOPE

CARER CARD
DEPARTMENT OF HUMAN SERVICES
CONCESSIONS UNIT
REPLY PAID 4057
MELBOURNE, 3001

OR FAX TO

(03) 9096 7702

OR EMAIL TO

carercard@dhs.vic.gov.au

FOR MORE INFORMATION

Telephone: 1800 901 958

www.carercard.vic.gov.au



VICTORIAN GOVERNMENT
CARER CARD PROGRAM

