



# Brain Injury Assistance Card Application Form

## Section A – Applicant Details

Name: .....  
Address: .....  
Suburb: ..... Postcode: .....  
Phone: ..... Mobile: .....  
Email: .....

## Section B – Information on Card

Please complete the following information to be included on your card.

**Front of Card** Full Name .....  
Date of birth / /

**Back of Card** I have an acquired brain injury, and may need assistance, due to  
(please circle all that apply):

- Difficulty with my speech
- Difficulty following directions
- Problems walking
- Problems with balance
- Memory problems
- Epilepsy
- Agitation
- Anxiety
- Hearing difficulty
- Eyesight problems
- Other: .....

Contact person: ..... Phone: .....

## Section C – Medical confirmation

Please ask your doctor to complete this section (C).

I, ..... confirm that .....  
has been diagnosed as having an acquired brain injury.

Signed: ..... Date: / /

**I understand that the information provided in this form will be forwarded to the Police Radio Room and will ONLY be accessed by Police if my nominated contact person is unavailable.**

**Signed:.....**

Please sign the form and forward it together **with a current photo** to:  
The Brain Injury Association of Tasmania, PO Box 4580, Bathurst St Post Office, HOBART 7000