## Travel booking form – service providers

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| --- |
| Use this form if you are a service provider working with Lifetime Care or Workers Care to request icare to book travel for you. **Please note that it is the policy of icare to consider the cheapest available fare and accommodation that meets the requirements of the travel being undertaken with consideration of the needs of the traveller.** |

## Section 1 – Traveller’s details

|  |  |  |
| --- | --- | --- |
| Suffix / Title | Name  | Participant or claim number  |
|   |   |   |
| Address  |
|   |
| Suburb | State | Postal code |
|   |   |   |
| Mobile phone | Email address  |
|   |   |
| If you’re travelling with others, please list their names below |
|  |
| Reason for travel? |
|   |

## Section 2 – Emergency contact details

|  |  |
| --- | --- |
| First name  | Last name |
|   |   |
| Phone number | Relationship |
|   |   |

## Section 3 – Flights

### Outgoing flight

|  |  |  |
| --- | --- | --- |
| Flight date  | Departure time | Flight number (if known) |
|   |   |   |
| Departure location | Arrival location |
|   |   |
| Please note we will book the cheapest available fare for the day of travel. If there is a reason why this is not possible, please advise below |
|   |

### Return flight

|  |  |  |
| --- | --- | --- |
| Flight date  | Departure time | Flight number (if known) |
|   |   |   |
| Departure location | Arrival location |
|   |   |
| Please note we will book the cheapest available fare for the day of travel. If there is a reason why this is not possible, please advise below |
|   |

## Section 4 – Accommodation

Note: icare will pay for accommodation and parking only, any other costs incurred (including late checkout fees) will be paid for by the traveller.

|  |  |  |
| --- | --- | --- |
| **Check-in date** | **Check-in time** | **Check-out date** |
|   |   |   |
| How many nights are required? | How many bedrooms are required? | How many people are travelling? |
|   |   |   |
| Is an accessible room required? | Is parking required? | Are the any special sleeping requirements?(please specify bed configuration) |
| [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No |   |
| What is your preferred hotel / location? |
|   |
| Why have you suggested this accommodation? |
|   |
| Alternative hotel / location |
|   |

## Section 6 – Car hire

Note: Drivers who are under 25 years old or are not fully licensed are subject to higher hire rates. The driver must be at least 21 years old.

|  |  |
| --- | --- |
| Driver is over 25 years old | Driver is fully licensed? |
| [ ]  Yes [ ]  No If no, age:  | [ ]  Yes [ ]  No |
| Pick-up date | Pick-up time | Pick-up location |
|   |   |   |
| Drop-off date | Drop-off time | Drop-off location |
|   |   |   |
| Car size |
| [ ]  Small [ ]  Medium [ ]  Large [ ]  Wagon Other (please specify): |
| Other requirements (including GPS, child care seat, etc) |
|   |

## Section 7 – Cabcharge

**Note:** It is the providers responsibility to make their own way to and from their local airport. Cabcharge is only considered for journeys once at the arrival destination.

All provider Cabcharge is issued via a Digital Pass. The digital pass is issued to the traveller via SMS or email according to the details in Section 1 and then added to the traveller’s digital wallet on their smart mobile phone. End of journey payments are made using the digital pass in the traveller’s digital wallet.

Each line is for one-way travel. All digital passes have an expiry date.

The highest trip cost listed below will be rounded and issued as the overall max per trip cost for the pass as the pass can only be issued with a single max trip amount.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Purpose of trip** | **Suburb from** | **Suburb to** | **Number of trips** | **Trip cost estimate** |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
| **Overall max per trip cost (rounded)** |  **$**   |
|  Would you like to receive the digital pass via [ ]  SMS *or* [ ]  Email  |

## Section 8 – Comments

Please include any other information relevant to the travel.

|  |
| --- |
|   |

|  |  |
| --- | --- |
|  | **icare**GPO Box 4052, Sydney NSW 2001**General Phone Enquiries: 1300 738 586**Email: care-requests@icare.nsw.gov.auwww.icare.nsw.gov.au |