

Participation Service Booking Form



Team Member Creating Booking:

Name of Participant:		Date of Birth:
Type of Disability: <i>(Please specify)</i>		
Are you making this booking for someone else?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Would they require assistance or a support worker for the activity / appointment? <input type="checkbox"/> YES <input type="checkbox"/> NO
Booking Contact:		Main Contact of the day: <i>(If different from booking contact)</i>
Activity / Appointment Location <input type="checkbox"/> MELBOURNE METRO <input type="checkbox"/> REGIONAL VICTORIA	Activity / Appointment Date:	Activity / Appointment Address:
Additional details:		
Meeting details		
Meeting Date:		Meeting Time:
Coming From:		Volunteer / CSO Meeting Point:
Arrival Location		Arrival Time:
Additional Arrival Details:		

Person receiving the service, or the care giver agrees to contact travellers aid to cancel booking if they can no longer make it or no longer meet the Covid-19 requirements:

YES

NO

Participation Service:

COMPANION SERVICE

TIME OUT SERVICE

Confirmed SMS confirmation with service user/participant:

YES

NO

NOT APPLICABLE/NO MOBILE PHONE

SAMPLE