## Travel booking form – participants and workers

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| Use this form if you are a participant or worker in Lifetime Care or Workers Care requesting transport and accommodation for injury-related travel. Complete the relevant sections below.  **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.**  **Digital passes** are an electronic pass that can be used for journeys to and from approved appointments. They are issued to the traveller via SMS (or email) 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.  **eTickets** are a physical paper voucher that can be used for journeys to and from approved appointments. They are issued to the traveller via post. Please ensure there is sufficient time for these to reach you before travelling. If you are traveling within 1-2 weeks of making this request, we recommend selecting a digital pass to ensure you receive your Cabcharge voucher before your travel dates. |

## Section 1 – Traveller’s details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Suffix / Title | Name | | | Participant or claim number | |
|  |  | | |  | |
| Address | | | | | |
|  | | | | | |
| Suburb | | | State | | Postal code |
|  | | |  | |  |
| Mobile phone | | Email address | | | |
|  | |  | | | |
| Is the traveller an | | If the traveller is a child, what is their date of birth? | | | |
| Adult  Child | |  | | | |
| If you’re travelling with others, please list their names below | | | | | |
|  | | | | | |

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| --- |
| Reason for travel – please provide a brief but detailed reason for the travel |
|  |

## Section 2 – Appointment details

|  |  |  |
| --- | --- | --- |
| Date | Time | Location |
|  |  |  |
| Date | Time | Location |
|  |  |  |
| Date | Time | Location |
|  |  |  |
| Date | Time | Location |
|  |  |  |

## Section 3 – Emergency contact details

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

## Section 4 – 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 | | | |
|  | | | |

### Flight accessibility requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is airport assistance required? | | | | | |
| Yes  No  If yes, please specify the type of assistance required: | | | | | |
| Is transport to and from terminal required? | | | | | |
| Yes  No  If yes, please specify the type of transport required: | | | | | |
| Is a wheelchair to be checked in? | | Wheelchair type | | Battery type (if powered) | |
| Yes  No | | Manual  Powered | |  | |
| Wheelchair height | Wheelchair weight | | Wheelchair length | | Wheelchair width |
|  |  | |  | |  |
| Other relevant information | | | | | |
|  | | | | | |

## Section 5 – Accommodation

Note: icare will select the most appropriate and cost-effective accommodation option at the time of booking and 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 people are travelling? | | How many bedrooms are required? |
|  | |  | |  |
| 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 suggested hotel / location? | | | | |
|  | | | | |
| Why have you suggested this accommodation? | | | | |
|  | | | | |
| Alternative hotel / location | | | | |
|  | | | | |

## Section 6 – Car hire

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Pick-up date | | | Pick-up time | Pick-up location | | |
|  | | |  |  | | |
| Drop-off date | | | Drop-off time | Drop-off location | | |
|  | | |  |  | | |
| Driver is over 25 years old | | | Driver is fully licensed? | Transmission type | | |
| Yes  No If no, age: | | | Yes  No Specify: |  | | |
| Car size | | | | | | |
| Small  Medium  Large  Wagon Other (please specify): | | | | | | |
| GPS (if available) | Child car seat | | | | Other requirements | |
| Yes | | Yes | | | |  |

## Section 7 – Cabcharge

|  |  |
| --- | --- |
| eTicket – Complete Section 7a | Digital Pass – Complete Section 7b |

### 7a – eTicket

Each line is for one-way travel. All eTickets have an expiry date. eTickets can only be used between 6am – 8pm.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Purpose of trip** | **Suburb from** | **Suburb to** | **Number of eTickets** | **eTicket value required**  **$100 (standard)**  Other: $50, $150 or $300 |
|  |  |  |  |  |
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### **7b** – Digital Pass

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 (multiple max denominations will result if multiple passes being generated).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Purpose of trip** | **Suburb from** | **Suburb to** | **Number of trips** | **Trip cost estimate** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
| **Overall max per trip cost (rounded)** | | | | **$** |

## Section 8 – Comments

Please include any other information relevant to the travel.

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|  |  |
| --- | --- |
|  | **icare** GPO Box 4052, Sydney NSW 2001 **General Phone Enquiries: 1300 738 586** Email: [care-requests@icare.nsw.gov.au](mailto:care-requests@icare.nsw.gov.au) www.icare.nsw.gov.au |