Cancer Council SA

Accommodation Services

Booking Form

Date:

This application form is to be completed by a Health Professional.
Please scan the completed form to stay@cancersa.org.au. For enquiries, please contact **Cancer Council SA 8291 4200**.

REFERRER DETAILS	
Name of Referrer:	Position:
Email:	Phone:
Hospital/Agency:	

CLIENT INFORMATION (person with cancer)		
Given name:	Surname:	
Date of birth:		
Address:		
Suburb:	State:	Postcode:
Email:		
Phone:	Country of birth:	
Gender: ☐ Male ☐ Female ☐ Transgender male ☐ Transgender female ☐ Non-binary ☐ Intersex ☐ Other: _____		
Concession Card Holder: ☐ Yes ☐ No	First Nations Person: ☐ Yes ☐ No	
Smoker status (incl.vaping): ☐ Yes ☐ No	CALD: ☐ Yes ☐ No	
Interpreter: ☐ Yes ☐ No	Language: _____ (if yes, to interpreter)	
Assisted Daily Living concerns: ☐ Yes ☐ No	Mobility Concerns: ☐ Yes ☐ No	

ADDITIONAL INFORMATION		
☐ Financial Hardship ☐ Planned hospital stays ☐ Oxygen cylinders	☐ Transport concerns ☐ Clinical trial ☐ Separate beds required	☐ Mobility aids ☐ Other health concerns ☐ Medical equipment
Other (specify):		

MEDICAL DETAILS

Cancer type:

- ☐ Bladder
- ☐ Blood
- ☐ Bowel and Colorectal
- ☐ Brain
- ☐ Breast
- ☐ Cervical
- ☐ Head and Neck
- ☐ Kidney
- ☐ Liver
- ☐ Lung
- ☐ Oesophageal
- ☐ Other (specify): _____
- ☐ Pancreatic
- ☐ Prostate
- ☐ Skin and Melanoma
- ☐ Thyroid
- ☐ Uterine

Treatment Centre:

- ☐ Royal Adelaide Hospital
- ☐ Flinders Medical Centre
- ☐ Lyell McEwin Hospital
- ☐ Modbury Hospital
- ☐ Noarlunga Hospital
- ☐ Queen Elizabeth Hospital
- ☐ Women's and Children's Hospital
- ☐ Ashford Hospital
- ☐ Burnside Hospital
- ☐ Calvary Hospital (specify): _____
- ☐ Flinders Private Hospital
- ☐ Genesis Care (specify):_____
- ☐ ICON (specify): _____
- ☐ St Andrews Hospital
- ☐ Other (specify): _____

CARER/EMERGENCY CONTACT DETAILS

Given name: | Surname:

Phone:

Mobility Concerns: ☐ Yes ☐ No | Assisted Daily Living concerns? : ☐ Yes ☐ No

BOOKING DETAILS

Arrival Date: | Departure Date:

No of guests: Adults: Children (aged 2-18): Infants (under 2):

Other Medical: ☐ Yes ☐ No

Eligible for travel/accommodation subsidy:: ☐ Yes ☐ No

CONSENT

☐ I confirm the client is aware of and has consented to the use of their personal information for the purpose of an assessment for an accommodation booking at Cancer Council SA.

Signature of Referrer: Date:

OFFICE USE ONLY

Approved by: | Date:

Collection Statement

Your privacy is as important to Cancer Council SA as it is to you. That's why any personal information you give us will be treated with respect and in strict confidence. Personal information is collected to assess and process your application. Your Personal information may also have been collected to process donations, issue tax receipts and to send you updates. We may disclose your information to agents, contractors and third parties who provide services to us, and in doing so we take reasonable steps to ensure any information held by our service providers is protected. A full copy of our Privacy Policy is at www.cancersa.org.au/privacy with details about how you can access and correct your personal information and how we handle any privacy complaints. Or call us on 1300 65 65 85 for more details about our commitment to your privacy.