

Please complete all relevant sections and forward this form to the Workers Care Coordinator on Fax: 1300 738 583 or email: requests.workers-care@icare.nsw.gov.au

1. Traveller's details

First name	Surname	
Mobile phone	Worker number	
Email address	Claim number	
Is person travelling:	Child's date of birth	Reason for travel
Adult	Child	

2. Emergency contact details

First name	Surname
Phone number	Relationship

3. Flight booking (please ensure the wheelchair requirements section is completed if taking a wheelchair on the flight)

Outgoing flight

Flight date	Departure time
Departure location	Arrival location
Flight number (if known)	Luggage requirements (kg)

Note: No single item of checked baggage may exceed 32kg

Return flight

Flight date	Departure time
Departure location	Arrival location
Flight number (if known)	Luggage requirements (kg)

Note: No single item of checked baggage may exceed 32kg

Please note: the cheapest available fare will be booked for the day of travel. If there is a reason why this is not possible, please advise below...

4. Wheelchair requirements

Wheelchair type:	Manual		Powered		Battery type	
Wheelchair:	Height		Weight		Length	
Is wheelchair collapsible:	Yes	No	Are wheels removable:		Yes	No
Wheelchair to be checked in:	Yes	No	Airport assistance required:		Yes	No
Wheelchair can be stored:	Upright:	Yes	No	Sideways:	Yes	No
Own wheelchair to/from plane:	Yes	No	Airline wheelchair to/from plane:		Yes	No
Hoist required to/from plane:	Yes	No	Harness required for upper torso:		Yes	No
Transport to and from terminal:	Yes	No	If yes, please specify type of transport required			
Can traveller:	Walk a little:		Yes	No	Transfer unaided:	
Transfer with aid of staff:	Yes	No	Transfer with aid of companion:		Yes	No
Other relevant information						

5. Accommodation booking (Workers Care Program will pay for accommodation and parking only, any other costs incurred (including late check-out fees) will be paid by the traveller)

Number of nights required	Preferred hotel / location				
Check-in date	Check-in time		Check-out date		
Number of bedrooms	Number of people		Accessible room required		Parking required
Special sleeping requirements: please specify bed configuration					

6. Car hire booking (drivers who are under 25 years old or are not fully licensed are subject to higher hire rates)

Driver is over 25 years old (driver must be at least 21 years old)		Driver is fully licensed	
Pick-up date	Pick-up time	Pick-up location	
Drop-off date	Drop-off time	Drop-off location	
Car size:			
Small	Medium	Large	Other
Transmission type:			
Automatic	Manual	GPS (if available)	Child car seat

7. Taxi Etickets/Vouchers (each line item is for one-way travel, if return trip, please complete two lines. Maximum 10 vouchers can be given at a time. If more is required please complete cabcharge Request Form)

Select Cabcharge type: E-ticket Voucher

If unable to use e-tickets or vouchers please specify type required:

Total number of e-tickets/vouchers requested:

Purpose of Trip	Destination From	Destination To	No. of e-tickets/vouchers

8. Approval (icare use only)

Travel listed on this form approved by

Name Date

Travel listed on this form actioned by

Name Date