

Going Daily Assisted Transport Booking Form

To request a booking please complete this form and send it to bookings@goingdaily.com.au

Participant / Client Details

Full Name:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
Email:	<input type="text"/>
Phone:	<input type="text"/>

Recurring Bookings

Do you wish to make recurring bookings or make payment via your NDIS funding package?

Yes No

Booking Details – Trip 1

Day(s) of the Week:	<input type="text"/>
Date(s):	<input type="text"/>
Time:	<input type="text"/>
Pickup Location:	<input type="text"/>
	<input type="text"/>
Drop-off Location:	<input type="text"/>
	<input type="text"/>
<input type="checkbox"/> One-time booking	
<input type="checkbox"/> Recurring booking until notice is given	
<input type="checkbox"/> Booking end date:	<input type="text"/>
<input type="checkbox"/> Return trip required	

Optional Waiting Service

Book waiting service for this trip. I understand waiting is capped at 60 minutes and is billed per minute at Going Daily's current rate.

Minutes requested (up to 60):

Return Trip (if applicable)

Day(s) of the Week:

Date(s):

Time:

Pickup Location:

Drop-off Location:

One-time booking

Recurring booking until notice is given

Booking with end date:

Invoicing & Billing Details

Invoice To:

NDIS Participant Number:

Company Name (if applicable):

Contact Person:

Billing Email:

Phone:

Funding Declaration

By submitting this request, I confirm sufficient NDIS funding is available for the trips I have requested. If funding is unavailable, I may be billed directly.

Cancellation Policy

Pre-booked ride cancellations within 24 hours of booked trip may incur a 50% fair charge.

Booking Confirmation

I understand this form is a request, and the booking is not confirmed until confirmed by Going Daily staff.

Changes to Ongoing Bookings

Any changes to the above booking information must be submitted in writing to bookings@goingdaily.com.au

Declaration and Consent

I confirm the information is correct and consent to service.

I am signing on my own behalf

I am an authorised person signing on behalf of the participant and confirm I have authority to do so.

Relationship to participant:

Signature:

Printed Name:

Date: