



Accompanied transport referral form

1. Date and time referral completed		
2. Name of person completing referral		
3. Confirm that prior to booking, Client or family have been informed on process and Schedule of Fees and that service duration for transport services is an estimate only	Yes	No
Name of person informed:		
4. Contact person on the day of service		
5. Contact number on the day of service		
6. Resident name	D.O.B.	Debtor Code
7. Facility Name (if RAC Client)		
8. Date of service	Time of client pick up	Expected Duration
9. Client pick up location		
10. Appointment details (any documents etc to be taken) Any X-rays / correspondence	Time: Address: Other Details:	
11. Relevant medical information to ensure the client and staff are safe during the service i.e. diabetes, mobility	N/A	
12. Any other identified risks / information / instructions		
13. Equipment to be transported e.g. wheelchair, walker, O2, webster		
14. Employee vehicle required	Yes	No
15. Preferred vehicle type (preference)	Sedan	SUV
16. Registered Nurse required for transport? *RN rate as per fee schedule	Yes	No
17. Is other transport already arranged	Yes	No
Details:		
18. Other transport instructions details		
19. Does client have taxi vouchers	Yes	No
20. Have they used Whiddon Accompanied transport before	Yes	No
If yes, please add CS ID if known		



Fees for Services - Accompanied Transport

Effective From 01/01/2025

Service Type	Service Specification	Rate per Hour/Service				
		Weekdays (6am to 4pm)	After Hours (4pm to 6am)	Saturday	Sunday	Public Holiday
Accompanied Transport	Hourly rate (minimum 1 hour)	\$82.00	\$97.00	\$124.00	\$144.00	\$176.00
	30min rate (minimum 0.5 hour)	\$49.00	\$57.00	\$61.00	\$83.00	\$112.00
Accompanied Transport - with Registered Nurse	Hourly rate with RN (minimum 1 hour)	\$132.00	\$150.00	\$199.00	\$227.00	\$291.00
Travel Use of Vehicle	Rate per kilometre	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50

Terms and Conditions

- * Client is responsible for travel costs listed above when travelling in staff vehicle.
- * Client is responsible for any parking fees/charges if required.
- * Client is responsible for the cost of a taxi, if they prefer to be transported via a taxi.

Confirming receipt and understanding of the Schedule of Fee's for services

Customer/POA Name:
Customer/POA signature:
Date:

Sections below to be completed by Scheduling Team	
Scheduling to confirm other transport booked	Yes No
Employee attending service	
If unable to provide the service, phone notification attended	
Name of person called	Time called

PLEASE NOTE – ALL BOOKINGS ARE SUBJECT TO FINAL ACCEPTANCE CONFIRMATION.

Submit via email