



# BOOKING CANCELLATION FORM



[Please fill in this form for any cancellation of a previously booked shift and fax it to (03) 9078 8802]

### CANCELLATION NOTICE:

All bookings placed are subject to a cancellation penalty if cancelled within 4 hours of the booked shift commencing.

Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Your name: \_\_\_\_\_

Position: \_\_\_\_\_

Please list the details of the shifts to be cancelled:

Date	Day	Staff Name	Qualification	Shift Timings	
			PCA/RN/Other	Start	Finish