

Booking Form 2025



Fitness & Health Geelong
Registered NDIA PROVIDER :
441 30128

NDIA Client Name	
Mobile Number	
Support / Co-Ordinator	
NDIA Number	4 3 ____ _
Date of Birth	
Invoice Details	<input type="checkbox"/> SelfManaged. <input type="checkbox"/> PlanManaged <input type="checkbox"/> Provider Claim from PRODA Portal
Email to Submit Invoices	
Fee for Service Clients	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Direct Debit <input type="checkbox"/> PayPal \$75.00 per hour
PayPal	australiancowboyassociation@gmail.com or 0438511293
Client Diagnosis	
Current Medication	<input type="checkbox"/> AM <input type="checkbox"/> PM
Food Allergies	<input type="checkbox"/> NO <input type="checkbox"/> YES -
	has there been Issues with the Following Situations? If Yes - Please Provide Further Details
<input type="checkbox"/> yes <input type="checkbox"/> No	Violence - <input type="checkbox"/> Other Participants <input type="checkbox"/> Staff <input type="checkbox"/> Animals <input type="checkbox"/> OTHER
<input type="checkbox"/> yes <input type="checkbox"/> No	Fire
<input type="checkbox"/> yes <input type="checkbox"/> No	Sharp Objects or other Weapons
<input type="checkbox"/> yes <input type="checkbox"/> No	Self Harm
<input type="checkbox"/> yes <input type="checkbox"/> No	Is the Client Verbal
<input type="checkbox"/> yes <input type="checkbox"/> No	Is the Client able to participate in Group Activities <input type="checkbox"/> Extra assistance would be required
<input type="checkbox"/> yes <input type="checkbox"/> No	Individual 1:1 staff Required
Client Likes/Loves	
Client Dislikes	
OTHER NOTES	
List your Goals	

Tues	Wed	Thurs	Fri	Sat	Sun
				<input type="checkbox"/> 9am -12pm	
<input type="checkbox"/> 12pm -2pm	<input type="checkbox"/> 12pm - 2pm		<input type="checkbox"/> 12pm-2pm	<input type="checkbox"/> 11am -2pm	
<input type="checkbox"/> 2pm -4pm	<input type="checkbox"/> 2pm -4pm		<input type="checkbox"/> 2pm -4pm		
<input type="checkbox"/> 4.30 -6.30pm	<input type="checkbox"/> 4.30 -6.30pm		<input type="checkbox"/> 4.30 -6.30pm <input type="checkbox"/> 4.00 -8.00pm		

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Program of Supports

Select the Goals you are working on

- Health & Physical Wellness
- Skills Development
- Participation in Community & Social Activities

Short Notice CANCELLATION POLICY: 48 hrs notice required

Participants are responsible for payment of Invoices for service provided, if payment of invoice is rejected by Plan Manager.

Prices Current 1/10/2024 Prices are subject to change.

Item Number	Item Name and Notes	Unit	National	Hours p/w
04_104_0125_6_1	Access Community, Social And Rec Activities - Standard - Weekday Daytime	Hour	\$67.56	
04_105_0125_6_1	Access Community, Social And Rec Activities - Standard - Saturday	Hour	\$95.07	
09-006-0106-6-3	Skills Development	Hour	\$77.00	
09_008_0116_6_3	Innovative Community Participation	Hour	\$75.00	
09_009_0117_6_3	Skills Development	Hour	\$77.00	
12-029-0126-3-3	Health & Physical Wellness	Hour	\$64.92	
15-037-0117-1-3	Other support- Skills Development	Hour	\$67.56	

OTHER NDIS Funding CODE: ___ - ___ - ___ - ___ - ___

\$

NAME: Rebecca Gurrie

Participant Name:

SIGNED: *Rebecca Gurrie*

SIGNED:

Date

