



Big Red Kidney Bus NSW

Booking application to Kidney Health Australia

Booking Information

Booking number: _____

Big Red Kidney Bus Holiday Destinations

- Sydney 24 Apr - 6 May 2017
- Umina Beach 15 May - 24 June 2017
- Nelson Bay 3 July - 12 Aug 2017
- Coffs Harbour 21 Aug - 30 Sept 2017
- Ballina 9 Oct - 18 Nov 2017

Holiday Dialysis Dates requested:

Date in: ____ / ____ / ____

Date out: ____ / ____ / ____

Contact Details

Title: ____ First Name: _____ Surname: _____ Date of Birth: _____

Postal Address: _____

Town/Suburb: _____ State: _____ Postcode: _____

Email: _____

Mobile: _____ Home Phone: _____

Nationality: _____ Preferred language: _____

Are you of Aboriginal or Torres Strait Islander origin?

- Yes – Aboriginal
 Yes – Torres Strait Islander
 Yes – both
 No
 Unknown

Emergency Contact

Name: _____ Mobile: _____

Relationship: _____ Email: _____

Admission Criteria

Please read the Big Red Kidney Bus Admission Criteria for the Big Red Kidney Bus, which can be found on our website. Dialysis on the Big Red Kidney Bus is not available for people with a permacath.

Dialysis Days and Sessions

Please tick your preferred days and session times for dialysis, and note that some flexibility may be requested.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							

Holiday Accommodation (if known)

Address : _____ Phone: _____

Email completed application to: bigredkidneybus@kidney.org.au

125 Cecil St, South Melbourne VIC 3205 | ☎ 1800 454 363

Practitioner Details

Nephrologist	General Practitioner
Name: _____	Name: _____
Clinic / Hospital: _____	Medical Clinic: _____
Address: _____	Address: _____
Town/Suburb: _____	Town/Suburb: _____
State: _____ Postcode: _____	State: _____ Postcode: _____
Phone: _____	Phone: _____

Dialysis Information

Medicare No.: _____	Reference No. next to name: _____	Expiry date: _____ / _____
DVA number (if applicable): _____	Private Health Insurance (if applicable) Fund name: _____ Fund No.: _____ Type of cover: _____	
Hospital or Satellite Haemodialysis The Dialysis Unit I attend is: _____ Address: _____ Town/Suburb: _____ State: _____ Postcode: _____ Nurse Unit Manager Name: _____ Telephone: _____ Email: _____ Parent Hospital: _____	Home Haemodialysis The name of my Home Haemodialysis Coordinator is: _____ Hospital: _____ Address: _____ Town/Suburb: _____ State: _____ Postcode: _____ Telephone: _____ Email: _____ Parent Hospital: _____	

Transport & Accommodation (please tick the boxes)

I acknowledge that I need to arrange my own **transport** to and from the holiday destination and the Big Red Kidney Bus.

I acknowledge that I need to arrange and pay for my own **accommodation** in the local area where the Big Red Kidney Bus will be located.

Travel insurance is recommended.

Confirmation & Cancellation (please tick the boxes)

I acknowledge that my booking application will be **confirmed** by Royal North Shore Hospital when I meet all of the criteria to have haemodialysis on the Big Red Kidney Bus and I will read *Information for your Holiday Dialysis*.

If at any time I need to cancel a confirmed booking, I will contact Kidney Health Australia Big Red Kidney Bus by FREECALL: 1800 454 363 or email: bigredkidneybus@kidney.org.au

Email completed application to: bigredkidneybus@kidney.org.au

125 Cecil St, South Melbourne VIC 3205 | ☎ 1800 454 363

Internet Explorer is the preferred browser to enable the buttons below.

Alternatively, please save and email or print and post the form to the contact details listed above. Please phone 1800 454 363 with any questions.