

APC Caring for People Care

All Parental Care Australia Pty Ltd

DETAILS FOR CARE REQUIREMENTS

Client Details

Name:

Address:

Postcode:

Phone No.: D.O.B.

Mobile No.:

Emergency Contact Name: Phone No.:

Nature of Ailment:

Treating Dr: Phone No.:

Special Needs/ Comments:

Equipment Available:

Requested Care Levels and Costs

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Duration: Start:

Finish Date:

Pricing schedule is provided within

Please complete both sides of form

All Parental Care Australia Pty Ltd. ABN 60 077 096 283 P.O. Box 645 Engadine NSW 2233
Sydney Metro: 02 9520 2966 ■ Fax: 02 9520 2988 ■ Illawarra: 02 4285 4465

Web: www.apcare.com.au

INVOICE DETAILS

Contact:

Attention Invoice to:

Address:

Postcode: Phone No. Fax No.

Please be advised that accounts will be required to be paid within 7 days of receipt.

I, agree to pay All Parental Care Australia all monies relating to invoices for the abovementioned in relation to duties performed within 7 days of receipt of invoice.

SIGNATURE:

WITNESS – NAME:

ADDRESS:

WITNESS
SIGNATURE:

Fees Policy

APCare sends invoices on a weekly basis and has an expectation of payment within 7 days of receipt. Should these terms be unattainable please contact our financial administrator. APCare charges a cancellation fee of 1 hour for short notice cancellation or client not in attendance at residence for a confirmed time of service.