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| **CANCELLATION REQUEST FORM** | | | | |
| Based on the duty of care and the need for continuity of care, it is now a requirement to formally request for a cancellation. Please read the instructions below before completing this form.  If your cancellation is **less than 24 hours, please call to notify the office** before filling this form. If your cancellation is beyond 24 hours, complete the form, then call to notify the office to confirm it has been received and approved.  Please ensure you provide reason that requires such an urgent need for you to cancel and if possible, attach any documentary evidence that might help with the approval of the cancellation.  **Please send completed cancellation requests to info@choiceglobal.co.uk** | | | | |
| Name of Carer | Initials of Client | Date and time of shift | Date and Time cancellation is requested | Request for cancellation (Yes or No) |
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| **Cancellation reason.**  (Please state the reason for cancellation in clear and plain English) |
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| **For office use only** | | | |
| **Office actions and Resolutions** | | | |
| Cancellation Approved or not | Team member(s) handling cancellation | Actions taken to cover the shift  (Please confirm information above: Date and Time) | Effect of cancellation on service delivery |
|  |  |  |  |