**Accommodation Request Reservation Form**

**Instructions for booking**

*For new reservations:*

1. Complete a copy of the from below (section A, B, C and E) and fax to Confederation Place Hotel at   
   **613-549-1508  
   Section A:** Patient information **Section B:** Details for the days / weeks being booked  
   **Section C:** Number of beds / special requirements / additional (patient paid) rooms required  
   **Section E:** Initial requisition information (contact info for person placing the reservation)
2. Confederation Place Hotel will fax a reservation confirmation back to KGH location of originating request.
3. Attached the confirmation with the original booking form and keep a copy in the bookings folder at the reception desk where the reservation was initiated. You will need the confirmation from the hotel, which includes the reservation numbers, if any changes are required to their reservation.

*For changes / amendments to existing bookings:*

1. Retrieve the originally submitted reservation form and complete section D – noting the revised reservation requirements, and fax to Confederation Place Hotel at **613-549-1508**

**Section D:** note the initially booked week, and update the required dates (add days / delete dates / delete the requirements). Include the date on which the change request is sent.

**Section E:** Amendment requisition information (contact information for person requesting the changes)

1. Confederation Place Hotel will fax a reservation confirmation back to KGH location of initiating request.
2. Attached the confirmation with the original booking form and keep a copy in the bookings folder at the reception desk where the reservation was initiated.

**NOTES:**

1. The form has been built to book up to 8 weeks at one time. If more than 8 weeks are required, please use two forms.
2. If the patient requires accommodations for a subsequent stay, a new request form should be made, rather than adding to the original request.
3. Section C allows for the identification of # of rooms and # of beds. The Cancer Centre funded room can be arranged with 1 bed, 2 beds, or three beds (or 2 beds and 1 cot). The additional rooms, if required (paid for by the patient) can also be arranged with 1 or 2 beds. In the example below, 2 additional rooms are required, each with 2 beds (2 rooms and 4 beds).

**Accommodation Request Reservation Form**

**Section A: Patient Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Name:** | <Full Name> | **Oncologist Name:** | <Primary Care Physician-Name (Default)> |
| **Patient Home Phone Number:** | <Telephone Number> | **Chart Number:** | <Patient Id 1> |

**Section B: Reservation Bookings**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Week of:* | *Booking Requirements* | | | | | *Notes:* | *Hotel Conf#:* |
|  | **Full Week** | **Mon** | **Tue** | **Wed** | **Thur** |  |  |
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**Section C: Additional Information**

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| --- |
| 1. How many beds are required in the main room (**Cost covered by the cancer center**): |
| 2. Do you require any assisted devices? |
| Bathtub Clamp  Raised Toilet Seat  Shower Chair |
| 3. Will you require any additional rooms (**Cost the responsibility of the patient**): |
| **Yes**, how many rooms / beds?  Rooms /  Beds  **No** |

**Section D: Reservation Amendments**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Week of:* | *Booking Requirements* | | | | | *Notes:* | *Hotel Conf#:* |
| **Full Week** | **Mon** | **Tue** | **Wed** | **Thur** |
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**Section E:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Initial Requisition Information*** | | ***Amendment Requisition Information*** | |
| Requested by : |  | Requested by : |  |
| Date (dd/MMM/yyyy): |  | Date dd/MMM/yyyy): |  |
| Fax Number : | (   )-   - | Fax Number : | (   )-   - |
| Phone Number : | (   )-   -     Extension: | Phone Number : | (   )-   -     Extension: |