



EXTERNAL TRAINING & CONFERENCE APPLICATION FORM

and

TRAVEL & ACCOMMODATION APPLICATION FORM

Please complete all sections **CLEARLY** that apply and rule out those not applicable

Please complete & submit both pages of this document

EMPLOYEE DETAILS (please print clearly)

Full Name: _____	Preferred Name: _____
Designation: _____	Department: _____
Mailing Address: _____	
Contact Email: _____	Telephone: _____
	Mobile Number: _____
This application is supported by: _____	Signature: _____
<i>Reporting Manager</i>	
<i>Contact details for Reporting Manager:</i> Phone: _____ Mobile: _____	

REQUEST DETAILS (please print clearly)

Meeting: <input type="checkbox"/>	Course: <input type="checkbox"/>	Other (details): _____
Course Name: _____	HWNZ Funded: YES/NO	
Date(s) of Course: From: _____	To: _____	
Start time: _____	End time: _____	
Note: Re CPIT Courses- Applicant to enrol on-line & attach with other information		All course information attached: YES/NO
No. of Meeting/Course Days: <input type="text"/>	(Please circle type of leave to be taken)	
No. of Travel Days Required: <input type="text"/>	Study Leave / Annual Leave / Paid Leave / CME / Other	
Total No. of Leave Days Required: <input type="text"/>		
No. of conferences/courses attended in the last 12 months: <input type="text"/>	No. approved to attend in the next 12 months: <input type="text"/>	
Please state your reason for attendance and why West Coast District Health Board should support you: _____ _____		
Agreed Method of Feedback: _____		
Signed by Employee: _____		Date: _____

MANAGER/S SECTION

Approved/Not approved by Cost Centre Manager (If <\$1,000) _____	
Reason for Non-Approval: _____	
Approved/Not approved by General Manager (if > \$1,000) _____	
Reason for Non-approval: _____	
Funding (please tick): CEC <input type="checkbox"/>	HWNZ <input type="checkbox"/>
Service Dept <input type="checkbox"/>	Other / comment: _____
All Cost Centre Codes: _____	

ANTICIPATED COSTS (Employee MUST complete this section where possible)

FULL NAME (as it appears in your Passport): _____	
Registration: _____	Fee: \$ _____
Expiry Date: _____	Late Registration Fee: \$ _____
Transport: Airline, Train, Shuttle Buses, Own Car, Other _____	\$ _____
Rental Car: _____	\$ _____
Greymouth Taxi: _____	\$ _____
Airport Transfers: _____	\$ _____
Accommodation Costs: _____	\$ _____
Meals & Incidentals e.g. taxis at other centres/airport taxes on International flights etc _____	\$ _____
Frequent Flyer Number (if applicable): _____	TOTAL \$ _____

TRAVEL & ACCOMMODATION REQUEST DETAILS (if any)

Airline, Shuttle Bus, Other: YES / NO _____						
From:	To:	Service Details (e.g. flight number, shuttle, ferry)	Date:	Depart	Arrive	Office Use

Car Transport: YES / NO _____		Sharing with: _____						
Please Circle Type required								
Pool Car	/	Own	/ Rental					
<small>(book direct with WCDHB Transport Dept)</small>		<small>(See below)</small>						
NB: All rental car hire must be approved by the relevant Manager/s								
Rental Car Co (office to fill in)	Date	Pick Up Location	Time	Car Size	Drop Off Location	Date	Time	GM approval

Grey Taxis: YES / NO _____		NB: Pick up is always 1hour 10 minutes prior to flight departure time.	
Greymouth Pick-up address (if applicable): _____			
Date:	From:	To:	Office Use

Accommodation: YES / NO _____		Advise preferred Hotel/Motel details if known		Sharing with: _____	
City / Hotel: _____					
Details: (Provide Day, Date & Time)		Check In _____		Check Out _____	
City / Hotel: _____					
Details: (Provide Day, Date & Time)		Check in _____		Check out _____	
Are Meals to be charged to the DHB?		Yes / No		Comments: _____	
Is Parking required?		Yes / No		_____	
Is Wifi required?		Yes / No		_____	

Please note that for all international travel where travel insurance is required, the WCDHB insurance coverage procedure applies. **Please contact Bianca Kramer (Corporate Administrator)** on Ext 2666 in regard to this. **Please forward this completed form (both sides) to your Reporting Manager or Booking Co-ordinator.**