



## 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: _____	
		Reporting Manager	
Contact details for Reporting Manager: 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: _____			
<b>Note: Re CPIT Courses- Applicant to enrol on-line &amp; attach with other information</b>				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)

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

**TRAVEL & ACCOMMODATION REQUEST DETAILS** (if any)

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

<b>Car Transport:</b> YES / NO		<b>Sharing with:</b> _____					
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Please Circle Type required **Pool Car** / **Own** / **Rental** **Office Use**  
*(book direct with WCDHB Transport Dept)* *(See below)*

**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

<b>Grey Taxis:</b> YES / NO		<b>NB: Pick up is always 1hour 10 minutes prior to flight departure time.</b>					
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**Greymouth Pick-up address (if applicable):** \_\_\_\_\_

Date:	From:	To:	Office Use

<b>Accommodation:</b> YES / NO		<b>Advise preferred Hotel/Motel details if known</b> _____		<b>Sharing with:</b> _____	
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**City / Hotel:** \_\_\_\_\_

<b>Details:</b> <i>(Provide Day, Date &amp; Time)</i> _____	<b>Check In</b> _____	<b>Check Out</b> _____
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**City / Hotel:** \_\_\_\_\_

<b>Details:</b> <i>(Provide Day, Date &amp; Time)</i> _____	<b>Check in</b> _____	<b>Check out</b> _____
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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.**