

STUDY MEMBER BOOKING FORM – NEW ZEALAND

Dunedin Multidisciplinary
Health & Development
Study



PLEASE RETURN THIS FORM IN THE ENVELOPE PROVIDED OR EMAIL IT AS SOON AS POSSIBLE

PLEASE PRINT CLEARLY

Full Name: _____ STUDY ID NO. (if known) _____

Address:

Phone (Work): _____

Phone (Home): _____

Email: _____

Mobile: _____

PREFERRED DATE OF APPOINTMENT

DAY/DATE _____

MONTH _____

YEAR _____

ALTERNATIVE DATE OF APPOINTMENT

DAY/DATE _____

MONTH _____

YEAR _____

ARE YOU AVAILABLE TO BE ON STANDBY? (DUNEDIN RESIDENTS ONLY)

[ie, if you are called in to the Unit at short notice, you will receive an extra \$25.00 reimbursement:]

YES

NO

IF YOU ARE PARENTING A TEENAGER WHO WILL BE 15 OR 16 DURING THE AGE 45 ASSESSMENT PHASE, DO YOU WISH TO COMBINE ATTENDANCE FOR THE NEXT GENERATION STUDY, WITH YOUR PHASE 45 ASSESSMENT?

YES

NO

WILL YOU REQUIRE A CAR PARK AT THE UNIT?

YES

NO

ACCOMMODATION:

DO YOU WANT US TO ARRANGE ACCOMMODATION FOR YOU IN DUNEDIN?

YES

NO

Date In: _____

Date Out: _____

No. Adults

No. Children

No. Extra
Nights Required

We will pay for dinner, breakfast and accommodation for one/two nights as necessary for the Study member. Depending on the room configuration available, it may be possible to accommodate 1-2 extra family members accompanying you in the room but they will have to pay for meals. Otherwise, we may require payment of the difference between the rate for a standard room and a larger room(s). If you wish to stay longer at your own expense, the special room rate may not apply for the remainder of your stay (subject to availability). We are happy to try to arrange this.

ANY SPECIAL REQUIREMENTS (EG DIET)/OTHER NEEDS FOR YOUR VISIT (Please Specify):

FOR OFFICE USE ONLY:

Diary (Date entered): _____

Letter sent (Date): _____

Access (Date entered): _____

TRAVEL/FLIGHT DETAILS REQUIRED

ARRIVAL IN DUNEDIN:

FROM (Name of Town/City): _____

DATE/DAY OF TRAVEL: _____

PREFERRED TIME OF TRAVEL: _____

SPECIAL REQUIREMENTS: _____

DEPARTURE FROM DUNEDIN:

TO (Name of Town/City): _____

DATE/DAY OF TRAVEL: _____

PREFERRED TIME OF TRAVEL: _____

SPECIAL REQUIREMENTS: _____

DO YOU HAVE ANY AIRLINE REWARD MEMBERSHIPS? YES NO

IF YES: AIRLINE: _____ MEMBERSHIP NUMBER: _____

DO YOU WISH A BOOKING TO BE MADE FOR YOUR PARTNER? YES NO

Partner's Full Name: _____

DOES YOUR PARTNER HAVE ANY AIRLINE REWARD MEMBERSHIPS? YES NO

IF YES: AIRLINE: _____ MEMBERSHIP NUMBER: _____

PAYMENT DETAILS FOR PARTNER (Visa, Bankcard etc) _____

DO YOU WISH A BOOKING TO BE MADE FOR ANY CHILDREN? YES NO

Full Name(s) and dates of birth of children

PAYMENT DETAILS FOR CHILDREN (Visa, Bankcard etc) _____

FOR OFFICE USE ONLY:

Diary (date entered) Letters sent

Access (date entered)