

# STUDY MEMBER BOOKING FORM – NEW ZEALAND

Dunedin Multidisciplinary  
Health & Development  
Study



ONCE COMPLETED, **SAVE THE FORM AND EMAIL TO [dmhdru@otago.ac.nz](mailto:dmhdru@otago.ac.nz)**

PLEASE PRINT CLEARLY

Full Name: \_\_\_\_\_

STUDY ID NO. (if known) \_\_\_\_\_

Address: \_\_\_\_\_

Street: \_\_\_\_\_ Phone (Work): \_\_\_\_\_

\_\_\_\_\_ Phone (Home): \_\_\_\_\_

Suburb: \_\_\_\_\_ Cellphone: \_\_\_\_\_

City: \_\_\_\_\_ PostCode \_\_\_\_\_ Email: \_\_\_\_\_

Country: New Zealand

## 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.

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## 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: \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PAYMENT DETAILS FOR CHILDREN (Visa, Bankcard, etc)** \_\_\_\_\_

ANY SPECIAL REQUIREMENTS (e.g. diet)/OTHER NEEDS FOR YOUR VISIT (Please Specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DON'T FORGET TO SAVE THE FORM BEFORE USING THE SUBMIT BUTTON**