

STUDY MEMBER BOOKING FORM – INTERNATIONAL

Dunedin Multidisciplinary
Health & Development
Study



ONCE COMPLETED, **SAVE THE FORM AND CLICK THE SUBMIT BUTTON TO SEND**

PLEASE PRINT CLEARLY

Full Name: _____ STUDY ID NO. (if known) _____
[Exactly as it appears on your passport]

Passport Number: _____ If not NZ passport, please
Expiry Date: _____ specify Country of issue: _____

IT IS ESSENTIAL TO HAVE **6 MONTHS VALIDITY** ON YOUR PASSPORT AT TIME OF TRAVEL.
Please also make sure your entry and re-entry documentation is valid

Current Address: _____ Delivery Address for travel documents if different:
Street: _____ Street: _____

Suburb: _____ Suburb: _____

City: _____ City: _____

Country: _____ PostCode _____ Country: _____ PostCode _____

Phone (Work): _____ Cellphone: _____

Phone (Home): _____ Email: _____

Phone No. prior to flight (the night before): _____

PREFERRED DATE OF APPOINTMENT	ALTERNATIVE DATE OF APPOINTMENT
DAY/DATE _____	DAY/DATE _____
MONTH _____	MONTH _____
YEAR _____	YEAR _____

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 Number of Extra Nights required

We will pay for dinner, breakfast and accommodation for up to three 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 rates may not apply for the remainder of your stay (subject to availability). We are happy to try and arrange this.

FOR OFFICE USE ONLY:

Diary (Date entered): _____ Letter Sent (Date): _____

Access (Date entered): _____

TRAVEL/FLIGHT DETAILS REQUIRED

ARRIVAL IN DUNEDIN:

FROM (COUNTRY): _____ AIRPORT: _____
DATE OF TRAVEL: _____ TIME (AM OR PM)? _____
SPECIAL REQUIREMENTS (eg meals; seating, etc.): _____

DEPARTURE FROM DUNEDIN:

TO (COUNTRY): _____ AIRPORT: _____
DATE OF TRAVEL: _____
SPECIAL REQUIREMENTS (eg meals, seating, etc.): _____

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 as appears on passport: _____

Passport Number: _____ Country of issue if not NZ passport: _____

Expiry Date: _____

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

IF YES Full Name of Child as it appears on passport

Date of Birth

Gender

1.	_____	_____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
2.	_____	_____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
3.	_____	_____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
4.	_____	_____	Male <input type="checkbox"/>	Female <input type="checkbox"/>

Child	Passport Number	Expiry Date	Country of issue if not NZ passport:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

PAYMENT DETAILS FOR CHILDREN (Visa, Bankcard etc)

ANY OTHER INFO WE SHOULD KNOW ABOUT: _____

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