

STUDY MEMBER BOOKING FORM – INTERNATIONAL

Dunedin Multidisciplinary
Health & Development
Study



ONCE COMPLETED, SAVE AND EMAIL TO dmhdru@otago.ac.nz

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:	Moving to:	(if applicable)
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

DAY/DATE

MONTH

YEAR

ALTERNATIVE DATE OF APPOINTMENT

DAY/DATE

MONTH

YEAR

IF YOU ARE PARENTING A TEENAGER WHO WILL BE 15 OR 16 DURING THE
AGE 52 ASSESSMENT PHASE, DO YOU WISH TO COMBINE ATTENDANCE
FOR THE NEXT GENERATION STUDY WITH YOUR PHASE 52 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: _____

Date of Birth: _____

Passport Number: _____

Expiry Date: _____

Country of issue if not NZ passport: _____

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:**
