

STUDY MEMBER BOOKING FORM – INTERNATIONAL

Dunedin Multidisciplinary
Health & Development
Study



ONCE COMPLETED, SAVE AND [EMAIL TO dmhdru@otago.ac.nz](mailto: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 _____ **DAY/DATE** _____

MONTH _____ **MONTH** _____

YEAR _____ **YEAR** _____

ALTERNATIVE DATE OF APPOINTMENT

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 any extra costs. 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: _____
