

**TRAVEL FORM**

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| --- | --- | --- | --- | --- | --- | --- |
| **Name as per photo identification:** |  | | | | | |
| **Preferred name:** |  | | | | | |
| **Place of residence:** |  | | | | | |
| **Mode of transport** (Please indicate preference) | Drive | | | Fly | | |
| **Date of Birth** | (Now required by law) | | | | | |
| **Work Phone** |  | | **Mobile Phone** | |  | |
| **Email** |  | | | | | |
| **Education/Training related to travel** |  | | | | | |
| **Dates of above** |  | | | | | |
| **Preferred Flight Times**  (Please choose carefully, any changes after booking will be at travellers expense) | Forward flight from: | Travelling to: | | | | Date/Time: |
| Return flight from: | Travelling to: | | | | Date/Time: |
| **Accommodation** | Accommodation Required □ Yes □ No  Accommodation Date/s Required | | | | | |
| **Dietary requirements** | Dietary Requirements: | | | | | |
| **Comments** | Reason for car travel (if applicable):  Other Comments: | | | | | |

**Please return to Kylie Sands on** [**Kylie.Sands@health.nsw.gov.au**](mailto:Kylie.Sands@health.nsw.gov.au)

Flight bookings will be made for the most economical departure time (closest to requested time) in accordance with company policy. As a result, please ensure it is noted if you need to arrive at your destination by a certain time. Choose flights carefully as changes, due to incorrect choice, will be at the individual’s expense. It is the traveller’s responsibility to contact HETI Rural and Remote Portfolio for instructions regarding changes to reservations. For unforseen, after hours, amendments please contact the relevant airline or hotel directly to cancel, preferably 24 hours before, and then notify your HETI booking contact person.

Local Health District employees who live more than 1.5 hours from the nearest airport are eligible to fly the day before the sponsored activity and request one night’s accommodation.

Car travel must be approved by HETI Rural and Remote Portfolio, and will be reimbursed at the NSW Government casual rate. Please contact Kylie for the appropriate claim form.

**Please note:** exceptional circumstances in regard to travel and accommodation changes/bookings will be considered on an individual basis. All decisions are in line with Department of Health Policy Directive: Travel Official PD 2016\_010.<http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2016_010.pdf>