



ATTACHMENT 3 - WA HEALTH STAFF AIR TRAVEL PROPOSAL FORM

Personal Details					
Health Service/Agency					
Section / Branch / Division					
Employee No.		HE No			
Surname		Given Name			
Position /Title		Level/Award			
Staff category (please tick one)	<input type="checkbox"/> Medical Officer (DOCTOR) <input type="checkbox"/> All other staff				
Telephone		Mobile			
Travel Details					
Name of event/conference (no acronyms)					
Reason for travel (please tick one)	<input type="checkbox"/> Conference <input type="checkbox"/> Meeting <input type="checkbox"/> Workshop <input type="checkbox"/> Health business <input type="checkbox"/> Other				
Travel Date & Time	Start	___/___/___ ___:___ (24 hour time)	End	___/___/___ ___:___ (24 hour time)	
	Dates of Conference/event	Start	___/___/___ ___:___ (24 hour time)	End	___/___/___ ___:___ (24 hour time)
Leave over this travel period					
<input type="checkbox"/> Intrastate <input type="checkbox"/> Interstate <input type="checkbox"/> Overseas		Destination(s) (include cities & countries)			
Class of travel (please tick)	<input type="checkbox"/> Economy <input type="checkbox"/> Business Class <input type="checkbox"/> Other				
Reason for business class travel:					
Costs and Funding Source:					
	Estimated Cost		Funding Source		Cost Centre
Airfare	\$A				
Accommodation & meals (Daily allowance)	\$A				
Registration Fees	\$A				
Associated Costs (eg. taxi, bus, train, phone)	\$A				
Total Cost of Travel:	\$A				

Multiple Travellers: Details of all members of the official party:						
No	Name	Level/Classification (award)			Employer	
1						
2						
3						
Travel in last 24 months:						
Statement of purpose and benefits to WA Health:						
Other comments How will your position be covered in your absence?						
Applicant signature					Date	
Business Manager/ Supervisor	Name		Signature		Date	
Head of Department/ Director/ Site Director	Name		Signature		Date	
Executive Director	Name		Signature		Date	
Chief Executive	Name		Signature		Date	
Director General	Name		Signature		Date	
Minister for Health:	Name		Signature		Date	

Travel Coordinator use only

Travel Coordinator		Booking reference	
Other comments			