# Overseas Travel Request Form

**Please ensure you complete both pages and return to** **CEC@manawanui.org.nz**

Individualised Funding can help you go away with family and cover the additional costs incurred for you as a result of your disability. Please provide as much information as you can – *including quotes* to help us work through the request as efficiently as possible.

We aim to have an response to you within 5-10 working days. Though if your travel exceeds 21 days we do require Ministry of Health approval which can create additional delays in our responses.

If you have any questions about this form, please call the CEC Team on 0508 462 427 or email CEC@manawanui.org.nz

# General Information

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| --- | --- |
| **Application Date:** |  |
| **Agent Name:** |  |
| **Customer Name:** |  |
| **Support Worker Name(s):** |  |
| **Travel Dates:** |  |
| **Total Number of Days Overseas:** |  |
| **Destination(s):** |  |
| **Reason for Travel:** |  |

# Estimated Costs

Please ensure to provide quotes for each of these estimations. We understand that costs can fluctuate, please discuss with us if you have any concerns.

|  |  |
| --- | --- |
| Projected Cost of Support Hours: | $0.00 |
| Quoted Flight Costs: | $0.00 |
| Quoted Accommodation Costs: | $0.00 |
| Projected Travel Costs: | $0.00 |
| Projected Meal Cost or Allowance: | $0.00 |
| Quoted Activity or Entry Costs: | $0.00 |
| **Total Estimated Costs:** | **$0.00** |

# Budget Questions

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| **How many fortnights are remaining in your current allocation?** |
|  |
| **Will this trip work in your allocation without compromising other supports required? What is your plan for support should the funding run out earlier than anticipated?** |
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| **What is your back up plan for support should the Support Worker become unavailable during this trip?** |
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| **Is there any additional information that we should be aware of?** |
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