contact@dilworthinquiry.org.nz
0800 888 743

Travel, accommodation, meal allowance application for survivor and support person to attend interview

Applicant details

Preferred Title	First Name	Middle Name(s)

Last Name

Other Names Used (First/Middle/Last)

Date of Birth

Postal Address

Unit/Apartment/Flat Number	Street Number and Name or P O Box Details

Suburb	Town/City	Post Code

Phone and Email

Landline	Mobile Number	Email

My preferred contact method is (Tick ✓)

Mail ☐ Email ☐ Landline ☐ Mobile ☐

Support person details

Preferred Title	First Name	Middle Name(s)

Last Name

How do you intend to travel to Auckland?

Air, train, bus or private vehicle?

Estimated cost of flights, fares or petrol

Accommodation

Number of rooms required	
Number of nights	
Any special requests re access or similar	

Disability

Do you have a disability that would mean you need special facilities or assistance to travel?

Yes ☐ No ☐

Application Submission

Please either

Email to: contact@dilworthinquiry.org.nz

Post to: Dilworth Independent Inquiry
P O Box 32-473
Devonport
Auckland 0744