



**NZ BUSINESS &
PARLIAMENT TRUST**

TRAVEL FUND ASSISTANCE FOR SCHOOL VISITS TO PARLIAMENT

APPLICATION FORM

NZBPT TRAVEL FUND FOR SCHOOL VISITS TO PARLIAMENT APPLICATION FORM

THIS IS A DIGITALLY EDITABLE PDF

PLEASE FORWARD THE COMPLETED FORM TO

Chief Executive,
New Zealand Business & Parliament Trust,
Private Bag 18041, Parliament Buildings,
Wellington 6160.

Phone: (04) 472 5365
Email: ce@nzbpt.nz
Website: www.nzbpt.nz

NOTE

- This application form consists of 4 pages. All sections must be completed.
- Please submit this form at least 2 months prior to your proposed visit.
- This form, accompanied by a copy of the confirmation email from the Parliament Education Team advising visit date and time together with your proposed travel itinerary, must be submitted.

SCHOOL INFORMATION

School Name

Name of Principal

Postal Address

School Phone Number

School Email Address

School Website / Social Media

Have you applied for funding before? If so when?

SCHOOL CONTACT PERSON

Name

Email Address

Mobile Number

TEACHER IN CHARGE OF THE VISIT TO WELLINGTON

Name

Email Address

Mobile Number

VISIT TO WELLINGTON

Arrival Date

Departure Date

Date of your visit to Parliament

Time

PLEASE ENTER THE NUMBER OF STUDENTS FROM EACH YEAR LEVEL PARTICIPATING IN THE VISIT

Year:	Year:	Year:	Year:	Year:	Year:
Students:	Students:	Students:	Students:	Students:	Students:
Number of Parents / Caregivers with the Group					
Number of Teachers with the Group					
Is this your Schools first visit to Wellington?					
How often does your school come to Wellington?					
How far is your school in km from Wellington Central?					

Use the 'distance calculator' hosted by AA Travel : <http://www.aatravel.co.nz/main/time-distance-calculator.php>

HOW DID YOU FIND OUT ABOUT NZBPT TRAVEL FUND FOR SCHOOL VISITS? (PLEASE TICK ONE)

<input type="checkbox"/> NZBPT Website	<input type="checkbox"/> Parliament Website	<input type="checkbox"/> Parliament Education Unit	<input type="checkbox"/> Social Media	<input type="checkbox"/> Parent	<input type="checkbox"/> Teacher
Other (please indicate)					

SCHOOL AND PROGRAMME INFORMATION

Tell us about your school. For example: geographical location, decile rating, student population, school character. What is special about your school?

Tell us how have you raised funds for this visit to Wellington?

SCHOOL AND PROGRAMME INFORMATION CONTINUED ...

Have you applied to other funding sources? Please provide details (*where appropriate*)

Tell us about the purpose or focus of your visit to Wellington?
Do you have other 'Civics and Citizenship education activities planned' ?

Have you requested to meet with your local Member of Parliament when you are in Wellington? (*please tick one*)

YES

NO

In what ways will your students be able to share their experience of Parliament / Wellington with their school or community?

The Trust welcomes receiving social media postings that can be shared with our members

Is there any other relevant information we should know about in support of your application?

PAYMENT ADVICE | SCHOOL BANK ACCOUNT DETAILS

Name of Account

Bank Account

____ / ____ / ____ / ____
Bank Branch Account Suffix

SIGN OFF (IMPORTANT)

Please tick the box to confirm you have read and understand the guidelines associated with this travel funding programme for school visits to Parliament and you agree to refund any payments within 10 days if the visit to Parliament is cancelled or there are less students visiting from that stated in your application.

CHECK LIST

Have you:

Completed all questions on this form?

Attached a copy of the confirmation email from the Parliamentary Services Education Team?

Attached a programme / itinerary for your planned visit?