

# TRAVEL FUND ASSISTANCE FOR SCHOOL VISITS TO PARLIAMENT

**APPLICATION FORM** 

### NZBPT TRAVEL FUND FOR SCHOOL VISITS TO PARLIAMENT APPLICATION FORM

#### 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 PERSO	N		
Name			
Email Address			
Mobile Number			
TEACHER IN CHARGE OF T	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 G	roup														
Number of Teachers with the Group															
Is this your Schools first visit to Wellington	n?														
How often does your school come to Wellin	ngton?														
How far is your school from Wellington Cent	ol in km ral?														
Use the 'distance calculate	or' hosted by AA Travel : h	ttp://www.aatravel.co.nz/i	main/time-distance-calcu	lator.php											
HOW DID YOU FIN	ND OUT AROUT N	7RDT TDAV/EL ELIN	ID EOD SCHOOL	VICITCO (DI EACE TICE	(ONE)										
NZBPT Website	Parliament Web		t Education Unit	Social Media	Parent	Teacher									
Other (please indicate															
SCHOOL AND PRO	OGRAMME INFOR	MATION				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?															
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What is special about	costs? Do you have a	a prepared budget?	lecile rating, student	population, school o	character.										
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## 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   SCH	HOOL BANK	ACCOUNT DE	ETAILS			
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?

Provided financial information in support of your application?

