

When you are on transfer from your base hospital, or when admitted to a hospital more than 100 km from your current residence, you are entitled to an allowance of \$20/night of your stay. This is a contribution toward the extra costs incurred or lost income.

When filing this form please attach your discharge papers or have it signed by your CF Fieldworker, the CF Specialist Nurse or Charge Nurse of the ward.

PWCF Details

Name: Birth Date:
 Address:
 City: Email:
 Postcode: Phone:
 CF Branch:

Applicant:

Relationship:
 Address:
 (If different from Email:
 above) Phone:

Details of Application:

Application Date:
 Hospital Check-In Date: Discharge Date:
 Hospital:
 Signature of Applicant:

Have you attached a copy of the Discharge papers? If not available, please have your hospital stay verified by the CF Specialist Nurse or the Nurse in Charge of the Ward.

Verification:

Name: Position Held:
 Signature:

Details of Payment:

Payment Method: Direct Deposit Account No: ____ - ____ - ____ - ____
 Cheque Payable To:

Your claim will be dealt with as quickly as we are able, and the grant can be deposited directly into your bank account. **Please note: we accept no responsibility for payments going astray if you provide incorrect bank details.**

Alternatively, a cheque can be mailed to the Applicant's address if you prefer.

Please mail this form (with discharge papers or verification) to;
Administration Manager, CFNZ, PO Box 110 067, Auckland 1148