



## Annex C: MO/GPI MEDIVAC APPLICATION & APPROVAL FORM

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Date: \_\_\_\_\_

Name of Applicant:

\_\_\_\_\_

*(print applicant's name)*

DOB: \_\_\_\_\_

Sex: Male  Female

Status: *(Tick appropriate box(s))* Non-pensioner  Pensioner  Child

Treatment: *Tick appropriate box*

Medical  Dental  Optical

In New Zealand, Tahiti or \_\_\_\_\_

*(Medical Officer to note the designated destination)*

Compassionate Grant A  Compassionate Grant A - Follow up

Compassionate Grant B

The Applicant requires \_\_\_\_\_ to accompany him/her as a caregiver or guardian.

Caregiver or guardians relationship to the applicant \_\_\_\_\_.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Officers

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



PITCAIRN ISLANDS COUNCIL

**Approved by the Island Council**

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