# ATTACHMENT 10 – TRAVEL APPLICATIONS FOR MINISTERIAL APPROVAL TEMPLATE

#### HON MINISTER FOR HEALTH

# OVERSEAS TRAVEL APPLICATIONS FOR APPROVAL

## NORTH METROPOLITAN AREA HEALTH SERVICE, PATHWEST

NAME	DESTINATION	EVENT/CONFERENCE	<b>EVENT DATES</b>	FUNDING

#### SOUTH METROPOLITAN AREA HEALTH SERVICE

NAME	DESTINATION	EVENT/CONFERENCE	<b>EVENT DATES</b>	FUNDING

## **CHILD & ADOLESCENT AREA HEALTH SERVICE**

NAME	DESTINATION	EVENT/CONFERENCE	<b>EVENT DATES</b>	FUNDING

#### **DEPARTMENT OF HEALTH**

NAME	DESTINATION	<b>EVENT/CONFERENCE</b>	<b>EVENT DATES</b>	FUNDING

#### WA COUNTRY HEATLH SERVICE

NAME	DESTINATION	<b>EVENT/CONFERENCE</b>	<b>EVENT DATES</b>	FUNDING

APPROVED:				
Mr Kim Snowball  DIRECTOR GENERAL	Dr Kim Hames MLA  MINISTER FOR HEALTH			

<Month Year>