


Veteran's Personal Details

1	Veterans' Affairs number (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Title	Rank	<input type="text"/>	Mr	Mrs	Ms	Other	<input type="text"/>	<input type="text"/>
3	Last name	<input type="text"/>							
4	First name/s	<input type="text"/>							
5	Other name/s known as	<input type="text"/>							
6	Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 For **new** claimants **only**— please attach a certified copy of your full birth certificate and a current passport, driver licence or firearms licence for identification purposes.

7 Residential Address

<input type="text"/>	
<input type="text"/>	
Country (if not New Zealand)	Post Code

8 Postal Address (if different from residential address)

<input type="text"/>	
<input type="text"/>	
Country (if not New Zealand)	Post Code


9 Other Contact Details

Home Phone	Work Phone
Mobile Number	E-mail Address

Only complete this if Veterans' Affairs does **NOT** already have a current bank account.

10 Bank Details *This will be the account Veterans' Affairs will make any payments to.*

Name of bank	Branch
Account Name	

 Write your bank account number below and attach an original or certified copy of your bank statement showing the account number and name **OR** a pre printed deposit slip stamped by your bank.

Bank	Branch	Account number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Service History

11 Qualifying Service *Refer to the list of qualifying service found on our website.*

Did you serve with the New Zealand Defence Force ? No Yes

If yes, what period did you serve and what is your service number?

<input type="text"/>
<input type="text"/>

Employment History (excluding service)

12 Details of Employment

Please provide details of your employment before **and** after service in the New Zealand Defence Force.

Employer	Nature of Work	Commenced		Ended	
		Month	Year	Month	Year

Impact of Injury or Illness

13 Does your service-related injury or illness impact your ability to work?

No Yes If yes, a Veterans' Affairs Case Manager will contact you to discuss.

14 What impact is there on your ability to cope with the following activities?

Gardening	None	Minimal	Severe	Can't do
Mowing the lawn	None	Minimal	Severe	Can't do
Shopping	None	Minimal	Severe	Can't do
Meal preparation	None	Minimal	Severe	Can't do
General housework	None	Minimal	Severe	Can't do
Personal Care	None	Minimal	Severe	Can't do

15 Are there any additional tasks you find difficult or are unable to complete?

Medical Information

16 Accidents and Injuries

Have you suffered an injury from an accident for which you have applied for compensation?

No Yes If yes, please provide details of injury and organisation to whom a claim was made.

Details of injury and organisation/s	Date of Injury		
	Day	Month	Year

Have you suffered an injury from an accident for which you have not applied for compensation?

No Yes If yes, please provide details of injury and why no compensation claim was made.

Details of injury	Date of Injury		
	Day	Month	Year

17 Health Practitioner (other than your GP)

If, in addition to your GP, you receive treatment or rehabilitation from another health practitioner please provide their name and contact details below. Continue on a separate sheet if you have more than one other health practitioner. Your GP may be able to assist with these details if you are unsure.

Name and Profession	
Practice Name	
Address	
Phone	
Current treatment	

Medical Certificate Part 1

18 Details of the injury or illness you are requesting treatment or rehabilitation for

VETERAN to complete
Please provide the name of the injury or illness, if known. Describe as fully as you can the symptoms that make you notice the injury or illness (e.g. pain in lower back, shortness of breath, loss of range of movement in left arm). Write each injury or illness separately.

MEDICAL PRACTITIONER to complete
For each claimed injury or illness provide a detailed diagnosis ; indicate whether stable or not stable and attach copies of any records, specialist reports and investigations.



A Injury or illness:
Symptoms:
When did the injury or illness occur?
Describe how your injury or illness impacts on your life? Continue on further page if needed
How do you believe this injury or illness relates to your service? Continue on further page if needed

Medical Diagnosis and causation of injury or illness:
Basis for Diagnosis:
Past treatment:
Current treatment and impact on daily living:
Date of clinical onset:
Has two or more years passed since the date of injury or illness?
Has the injury or illness stabilised?
Is there likely to be permanent impairment?

Continued on the next page

Guidance Notes for Medical Practitioner

Treatment and rehabilitation is available under the Veterans' Support Act 2014 for a service-related injury or illness.

Completing the Medical Certificate:

- Complete the 'Medical Practitioner' portions for each injury or illness being claimed.
- Attach your invoice and any supporting documentation such as medical reports, blood test results etc.
- Return the completed form, invoice and supporting documentation to the veteran.

Veterans' Affairs will meet the cost of the consultation and completion of this medical certificate upon receipt of the completed application and your invoice. Please attach your invoice to this form.

Medical Certificate Part 2

MEDICAL PRACTITIONER to complete

19 Veteran's Name

20 Veteran's NHI Number

21 Examination Date Prior to today when did you last examine the veteran? / /

22 Terminal Injury or illness

Does the veteran suffer from an advanced progressive disease likely to cause death within 12 months?

No Yes If yes, please state the injury or illness below

23 Enrolment History Is the veteran enrolled with your practice? No Yes

If yes, how long have they been enrolled with you? Years Months

If no, provide the name and contact details of their usual medical practitioner (if known)

Name of Practitioner

Practice Name

24 Medical Practitioner Identity

HPI No. Medical Council Registration No.

Name

Practice Stamp (or address and telephone)

Medical Practitioner Signature 

Date / /

Signature, Acknowledgement and Consent

By signing this application form I acknowledge and understand that:

- The information provided in this application form is, to the best of my knowledge, true and complete.
- As part of processing this application, Veterans' Affairs may obtain further information in addition to what I have provided.
- I am consenting to the release and collection of health, clinical or other information to Veterans' Affairs held by any health practitioner, hospital, clinic, insurance company, Accident Compensation Corporation, Ministry of Social Development, Department of Internal Affairs, or other persons or agencies for the purposes of assessing and processing this application and administering any resulting entitlement or assistance.
- I am aware that under Section 270 of the Veterans' Support Act 2014 it is an offence to mislead Veterans' Affairs. Subsection (4) of this section states that a person who commits an offence against this section is liable for prosecution for making false statements and the penalties, if found guilty, are:
 - imprisonment for a term not exceeding 3 months; or
 - a fine not exceeding \$5,000.00.
- I have read and understand the Privacy Statement (refer to page 8).
- The document showing legal authority to act on behalf of the claimant is attached to this application and is current (where the application is being signed by a person other than the claimant).

Claimant or person with legal authority to act for the claimant (print name)

Signature

Date

		/ /
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If you had assistance completing this form, print the person's name (and organisation they represent if applicable) below:



- **If the claimant is unable to sign due to physical or mental incapacity, the application must be signed by a person with legal authority to act on behalf of the claimant. If this situation applies you must also attach a certified copy of the document/s which give legal authority to that person (if not already held by Veterans' Affairs).**

Send your completed application to:

Veterans' Affairs
PO Box 5146
WELLINGTON 6140

Privacy Statement

The Veterans' Support Act 2014 (the Act) which is administered by the New Zealand Defence Force allows us to obtain further information about you to help us assess your application. This may happen when you apply for or are receiving an entitlement or service. The Privacy Act 1993 requires us to tell you why we collect the information and what we will do with it.

In this form Veterans' Affairs seeks the evidence and information it needs to assess your eligibility to entitlements, services and support. If you do not provide all the information we ask for, your application for an entitlement and/or service may not be able to be processed and may be returned to you.

Why we collect information

The information we collect about you will be held by Veterans' Affairs, which is a unit of the New Zealand Defence Force. We use this information for the purpose of:

- Administering claims, entitlements and services under the Veterans' Support Act 2014
- Enabling a comprehensive claims database to be maintained
- To monitor and evaluate the nature, incidence, severity and consequences of service-related illness and injuries
- The provision of appropriate treatment, rehabilitation and compensation
- Facilitating the monitoring of the operation of the Act and policy development
- The information you give us may be shared with other government agencies for several purposes, such as the Ministry of Social Development – consistency with other benefits, Accident Compensation Corporation – consistency with other claims, Maritime New Zealand – for merchant navy records, Inland Revenue – for payment of tax on taxable entitlements, Archives New Zealand – for service records and the Department of Internal Affairs – to verify your date of birth.

We only collect information needed to manage the entitlements and services we administer.

Using and sharing personal and health-related information

Veterans' Affairs may exchange information about you with your health practitioner(s) in order to provide you with the correct entitlements and services, to clarify any health-related information you give us and for the purposes of putting in place treatment and rehabilitation if required.

Veterans' Affairs will also collect personal and health information from a variety of sources including information provided when making an application to Veterans' Affairs, information supplied by others including treatment providers, and other government agencies.

The information we collect about you can be via various channels, such as email, telephone, face to face and in various formats, such as letters, forms and electronic file notes.

Veterans' Affairs uses personal information provided only for the purposes consistent with the reason it was obtained and will not share it with other parties unless there is a legal authority to do so.

You have the right to access and correct your personal information

You may access personal information that we hold about you. You can ask us to correct errors contained in the information we have about you.

You can contact us at anytime if you have concerns on what information about you we are collecting and how it is or may be used.