

Personal Details (veteran to complete)

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	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>	
3	Last name										
4	First name/s										
5	Other name/s known as										
6	Date of birth		<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>				
7	Residential address										
<input type="text"/>											
<input type="text"/>											
Country (if not New Zealand)						Post Code					

8 Disability requiring surgery

I would like Veterans' Affairs to consider funding the cost of surgery in a private hospital for my accepted disability of:

I confirm that this is not an accident or injury covered by ACC and that I do not have private medical insurance which would cover this surgery.

Veteran's Signature  / /

Surgery Details (Specialist to complete)

9 Surgery required

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

10 Medical practitioner identity

HPI No. Medical Council Registration No.

Name
Practice Stamp (or address and telephone)
<input type="text"/>

The information collected on this form will be used to make a decision on funding of private surgery only. In the collection, use and storage of information, Veterans' Affairs will, at all times, comply with the obligations of the Privacy Act 1993.

11 The need for this surgery is: Urgent Elective

12 Is the veteran on a public hospital waiting list? Yes No

If no, please provide a reason. The veteran **must** be placed on the waiting list in order for this application to be assessed.

13 Date placed on waiting list:

14 Name of public hospital

15 Indication of requirement for surgery

Please complete the following to indicate your evaluation of the veteran's need for surgery.

The nature and severity of the disability:
The level of pain (1-10):
The potential for harm through delay (risk to life, deterioration):
Quality of life issues (impact on family, ability to work, ability to undertake their normal recreational activity):
Estimated cost of surgery (please attach a quote with associated costs):
Any follow up and/or post operative care required e.g. physio, home help (please specify):
<input type="checkbox"/> Yes <input type="checkbox"/> No

16 Is this the generally accepted means for treatment in New Zealand?

If no, please advise what is.

Medical Practitioner Signature  / /



Please attach:

- a copy of the hospital referral letter
- any relevant medical reports
- Itemised quote with all associated costs

Signature & Acknowledgement



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.
- 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 holding this document).

Claimant or person with legal authority to act's name (print)

Signature

Date

		/ /
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.