

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

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

10 Relationship Status Married De facto Civil Union Single

If you are in a relationship please complete your partner's details below

Work and Income / Client Number (if known)

Name	Date of Birth	/	/
Address			
Contact Details			
Date relationship started			

11 Next of kin details Please provide contact details of a next of kin **not living at your address**

Name
Address
Contact Details
Relationship to veteran

12 Children or Dependants

Children and Dependants who are living with you as family members whom you financially support, including:

- your natural children; stepchildren; children at boarding school; adopted children; and grandchildren.

Do you have any children or dependants? No Yes If yes, please list details below


Name	
Date of Birth	
Relationship to veteran	

Name	
Date of Birth	
Relationship to veteran	

13 Bank Details *This will be the account your Weekly Compensation will be paid into if granted*

If you are already in receipt of a payment from Veterans' Affairs, you do not need to complete this question **unless you want the Weekly Compensation paid into a different account.**

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
■ /	■ ■ /	■ ■ /

Income Information

14 Tax Code Information

Weekly Compensation is a taxable entitlement. Enter your IRD number and tax code information. If you are unsure of your tax code you can go to the Inland Revenue website or contact Inland Revenue directly.

IRD Number Tax Code

 Attach a signed Tax code declaration IR330 form. These can be downloaded from www.ird.govt.nz

15 Details of Benefits/Pensions or ACC Payments

Are you receiving any benefit or pension from Work & Income (MSD) or ACC? No Yes If yes, please list details below

Type of Benefit/Pension/Payment	Amount	Commenced		End Date (if applicable)	
		Month	Year	Month	Year
	\$				
	\$				
	\$				
	\$				

Service History

If you are already in receipt of a payment from Veterans' Affairs, you do not need to complete questions 16 - 18.

16 Qualifying Service

Refer to the latest list of qualifying service deployments and dates at the back of this form

Please state your qualifying service deployment/s below:

17 Details of Service

Please provide details of your service in the NZDF and forces of other countries (if known)

Service Number	Trade/Corps/Branch	Nature of duties (and country served for)	Enlistment & Discharge dates (if known)
			/ / to / /

18 Operational Deployments

Did you serve overseas? No Yes If yes, please list details below (if known)

Operational Deployment	Role	Commenced		Ended	
		Month	Year	Month	Year



Please DO NOT request your military records from NZDF Archives or NZDF Health Services as we will request these records as part of the application process, but if you have any other documentation or information that would assist with processing your application, please attach a copy.

Work Capability

- 19** Please give a brief description of your home environment i.e. the people you live with, stairs, any adaptations made, garden etc.

- 20** Please describe how you spend your free time i.e. any hobbies, exercise groups or clubs you may participate in

- 21** Please state how you manage the following daily tasks. If you do not complete any of the listed tasks, please state how you feel you would manage them if you were to attempt them.

Walking inside your home

Stairs

Getting in and out of bed

Getting in and out of a chair

Getting in and out of the bath

Getting in and out of the car

Getting up off the floor

Do you have a medical alarm?

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Have you had a fall in the past 6 months? If yes, what happened?

Making hot drinks

Cooking a meal

Washing the dishes

Sweeping or vacuuming the floors

Hanging out the washing

Driving

Shopping

Mowing the lawn and gardening i.e. weeding, digging

Sitting in a chair for half an hour

Standing for half an hour

Walking 500 metres

Picking an object up off the floor

Employment

Veterans' Affairs may contact your most recent employer

22 What was your role in your most recent employment

What hours did you work?

When did you last work?

Did you enjoy your job?

23 Please explain why you stopped working (physical, personal reason etc)

24 What aspects of your work do you feel you could still manage?

25 What aspects of your work do you feel you could not manage at present?

26 How much sick leave have you taken over the last 24 months of your employment?

What were the medical reasons for taking the sick leave?

27 Do you feel there is other employment you could do? No Yes

Please elaborate on your answer

28 Do you intend to return to work? No Yes

If yes, when do you think you will be able to work?

29 Are you willing to work in other forms of employment as your health allows?

No Yes

30 Any other relevant information? Please continue on a separate sheet of paper if necessary

Your medical information

31 Accidents and Injuries

Have you ever received income compensation from ACC or your employer via their ACC Accredited Employer Programme?

No Yes If yes, please list details of each claim made below

Medical Condition	Date of Claim			Currently Receiving Payment	
	Day	Month	Year	No	Yes
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Please state the agency and your Client Number for any claim made below

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Have you been injured in any accident occurring before or after your service but made no ACC, AEP or insurance claim?

No Yes If yes, please list details of each accident and resulting injury below

Type of Accident	Date of Accident			Resulting Injuries / Medical Conditions
	Day	Month	Year	

32 Health Practitioner (other than your current Medical Practitioner, if applicable)

Please provide the name and contact details of any other health practitioner providing treatment to you. Continue on a separate sheet if necessary. Your Medical Practitioner may be able to assist with these details if you are unsure.

Name and Profession	
Practice Name	
Address	
Phone	

Guidance Notes for Medical Practitioner

Weekly Compensation is available to veterans who are unable to undertake full-time employment (an average of 30 hours per week) due to any injury or illness, that is related to their service.

Completing the Medical Certificate:

- Complete pages 8, 9, 10 and 11.
- 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, except where the veteran is applying from outside of New Zealand. In this case, the veteran is responsible for meeting the cost of assessment.

Medical Certificate - to be completed by your GP

Medical Information

33 How would you describe the veterans' hearing, vision and communication skills?

34 Can the veteran do the following:

- Stand up from a chair without using their hands? No Yes
- Stand on one leg for 10 seconds? No Yes
- Pick up an object from the floor? No Yes

35 Can the veteran control their bladder and bowels independently? No Yes

36 Does the veteran suffer from any form of seizures? No Yes

If yes, please describe what type of seizure and how frequently:

37 Does the veteran suffer from any mental, cognitive or intellectual disability?

No Yes

If yes, how does this affect them?

38 Is the veteran currently receiving any medical treatment which can prevent them from working i.e. dialysis, chemotherapy? No Yes

If yes, what type of treatment, and does this treatment require an overnight stay in the hospital?

39 Please list the medications the veteran is currently taking and any side effects, if any, the veteran is experiencing from this medication

40 Does the veteran need supervision (someone with them to stay safe)? No Yes

If yes, please explain:

41 Can the veteran manage to start and finish daily tasks? No Yes

42 Does the veteran have difficulty learning to do different tasks? No Yes

43 Can the veteran cope with small changes to their routine if they are unexpected? No Yes

44 How does the veteran cope in different social situations?

Fitness for Work

45 Is the veteran medically fit, fit for some work, medically unfit for their current or previous employment?

46 Is the veteran medically fit, fit for some work, medically unfit for all work (considering all types of work)?

47 Do you feel you are the best person to assess the veteran's fitness for work?

No Yes

Medical Certificate continued on page 11 ↪

48 Veteran's Name & NHI Number

49 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

50 Medical Practitioner Identity

HPI No.

Medical Council Registration No.

Name

Practice Stamp (or address and telephone)

Medical Practitioner Signature 

/ /



Please attach your invoice to this form along with any supporting documentation such as copies of medical reports, blood test results etc.

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

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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.