



# Registration of Viet Nam Veterans

In the agreement with the RNZRSA and the EVSA the government agreed to the development of a register of Viet Nam veterans and their families. The purpose of this register is to enable the provision of information to Viet Nam veterans and to assist with the monitoring of the trends in the health and well being of the veterans and their families.

## Part 1 Privacy Declaration

In completing this registration form I understand that the information provided will be used by Veterans' Affairs New Zealand to ensure that I am able to receive my full entitlements. This includes the use of the information for statistical and research purposes and the provision of advice to Government.

In order to ensure that I am able to receive my full entitlements I understand that Veterans' Affairs New Zealand may require additional information from other agencies holding other relevant information. This may require:

- Obtaining copies of my Service and medical documents from the New Zealand Defence Force.
- Obtaining information from other Government Agencies on any assistance I am receiving.
- Obtaining information from my General Practitioner, medical specialist, or other health professional.

I understand that under the Privacy Act 1993 I am not obliged to provide any personal information to Veterans' Affairs New Zealand, but if I do not, Veterans' Affairs New Zealand may not be able to provide the assistance required. I understand that under the Privacy Act 1993 I have the right to request access to, and correction of, any personal information held about me. I understand that I also have the right to withdraw my consent at any time.

I understand that all the information provided will be held by Veterans' Affairs New Zealand and that in the collection, use and storage of information, Veterans' Affairs New Zealand will, at all times, comply with the obligations of the Privacy Act 1993.

I am willing to have my contact details made available to the Viet Nam Veterans and their Families Trust to enable the Trust to send me information about the support they are able to make available.

Signature:

Date:

## Part 2 Veterans Details

Title

Mr

Mrs

Miss

Ms

Dr

Other

Full Name:

Other names you may be known as or have enlisted under:

Postal Address:

Daytime Telephone Number:

Fax Number:

Email Address:

Date of Birth:

Gender

Male

Female

**Ethnicity**

The reason for collecting ethnicity data is to enable the identification of any health or wellbeing issues that are common to specific groups. Please tick the boxes that indicate your ethnicity.

NZ European <input type="checkbox"/>	NZ Māori <input type="checkbox"/>	Samoan <input type="checkbox"/>	Cook Island Maori <input type="checkbox"/>	Tongan <input type="checkbox"/>
Niuean <input type="checkbox"/>	Tokelauan <input type="checkbox"/>	Pacific Islander Other (please state)		
Other (please state)				Do not wish to answer <input type="checkbox"/>

**Part 3 Details of Service**

Which Service did you serve with?

Navy Army Air Force Civilian 

If you were a civilian who were you employed by?

Service Number/s

Date of Enlistment

Date of Discharge

**Dates of your Service in Viet Nam**

The dates of the start of Service

The dates of the End of Service

Unit

**Deployments**

In addition to your Service in Viet Nam we are interested in any other deployments you have been involved in. This gives us an idea of the number of NZ Service personnel who have been involved in multiple deployments and the nature of those deployments.

Please indicate any other war, emergency or peacekeeping operation that you have been deployed to.

**Part 4 Issues**

Are you in receipt of a War Disablement Pension?

Yes

No

War Disablement Pension Number:

**Presumptive List**

Please tick the boxes that indicate any medical conditions from the Institute of Medicine of the United States National Academy of Science lists that you have been diagnosed with.

Disabilities from the Institute of Medicine of the United States National Academy of Science Sufficient Evidence of an Association list.

Chronic lymphocytic leukaemia

Soft-tissue sarcoma

Non-Hodgkins lymphoma

Hodgkins Disease

Chloracne

Disabilities from the Institute of Medicine of the United States National Academy of Science Suggestive Evidence of an Association Lists

Respiratory cancer (of lung or bronchus, larynx, and trachea)

Prostatic Cancer

Multiple Myeloma

Porphyria cutanea tarda

Type 2 diabetes

Acute and subacute transient peripheral neuropathy

**GP Details**

In order to verify the exact detail of any of the health issues you have identified Veterans' Affairs New Zealand may need to contact your GP. To enable us to do that we would appreciate you giving us the details of your GP.

Title:

Name:

Practice Name:

Postal Address:

**Other Issues**

In order to ensure that you have access to all available services we would like some information on the issues you have faced as a result of your Service.

Please outline any physical or psychological health issues you have experienced as a result of your Service in Viet Nam.

Please outline any other problems you have experienced as a result of your Service in Viet Nam e.g. homelessness, employment issues, social adjustment.

Please return this form to: Veterans' Affairs New Zealand,  
PO Box 5146, Wellington

**Part 5** For Veterans' Affairs New Zealand use only

**Administration**

Date of receipt:

Date of Acknowledgement:

Data entered into the register:

Follow Up Action Taken: