

**Please read
before you
complete this
form**

This application form is for a child of a veteran, who served in Viet Nam or before 1 April 1974, who is studying full-time at a secondary school or at least part-time with a tertiary education organization.

The Children's Bursary payment is a tax-free lump sum payment for the year of study in which it is applied for.

A child is eligible to apply for a Children's Bursary each year up to the year in which the child turns 23 years old. It is paid for the year in which it was applied. It cannot be applied for retrospectively.

The application form should be completed by the person responsible for the care of the child, if the child is not yet 16 years of age; or if the child is 16 years of age or more but suffering from any mental or physical infirmity. If the bursary is granted, payment will be made to the person responsible for the care of the child; unless Veterans' Affairs considers payment should be made to another person or to trustees.

In all other cases the child must complete and sign the application form themselves. If the bursary is granted, payment will be made to the child.

To apply, you must fully complete this application form and provide any supporting information or evidence required by Veterans' Affairs (VA).

If your application is incomplete it will be returned to you unprocessed.

Further information can be found in the Children's Bursary factsheet on our website.

If a Children's Bursary has been granted and there is a change in circumstances, please complete the Update of Circumstances form on our website.

Eligibility

(section 81,
Veterans' Support
Act 2014)

A child of a Scheme One veteran is entitled to a Children's Bursary if:

- they are undertaking full-time study at a secondary school or full-time or part-time study with a tertiary education organization; and
- they are entitled to a Children's Pension or are the child of a veteran who is receiving Weekly Income Compensation or the Veteran's Pension.

The rate at which the Children's Bursary is paid will vary dependent on the child's circumstances.

Definition

(section 7,
Veterans' Support
Act 2014)

The Veterans' Support Act 2014 defines the child of a veteran as:

- a natural child of the veteran; or
- an adopted child of the veteran; or
- a child of whom the veteran is or has been a guardian; or
- a grandchild or a whāngai of the veteran in relation to whom the veteran acts or has acted as a parent or a guardian; or
- any other child who would ordinarily be regarded as a child of the veteran because the veteran is or was the spouse or partner of one of the child's parents; and acted as a parent or a guardian.

Offences

(sections 270,
Veterans' Support
Act 2014)

It is an offence to make a false statement or provide misleading information to VA and anyone who does so commits an offence against this section and is liable on conviction to a term of imprisonment not exceeding 3 months or a fine not exceeding \$5,000.

Assistance

If you have any questions or require assistance completing this form, you can contact us using the details shown below:

Freephone 0800 483 8372 / 0800 4 VETERANS (or +64 4 495 2070 if calling from overseas)

You can email: veterans@nzdf.mil.nz or visit our website: www.veteransaffairs.mil.nz

Completing your application

If the child is not yet 16 years of age; or if the child is 16 years of age or more but suffering from any mental or physical infirmity the application form must be completed and signed by:

- the person responsible for the care of the child ("the applicant").
- any person requested by the applicant to complete the form (the applicant must complete the Signature & Acknowledgement); or
- the holder of a Power of Attorney or other recognised authority (refer to page 4).

In all other cases the child ("the applicant") must complete and sign the application form themselves. If the bursary is granted, payment will be made to the child.

Step 1:

Read page 3 of the Information Sheet regarding documentation required and completion of the application form.

Complete page 1 and 2; read the Privacy Statement on page 3 and complete the Signature & Acknowledgement on page 4.

If a question is not applicable, please write N/A. If there is insufficient space to answer a question, please include additional sheet/s of paper to complete your answer, including the question or page number it relates to.

Step 2:

Complete the Checklist and Receipt on page 5, then send your fully completed application and all supporting documentation to VA at the address shown.

If the veteran is deceased and was not receiving a War Disablement Pension of 70% or more, or a Disablement Pension of 52% or more in relation to whole-person impairment (or was not receiving any pension), further information may be required, such as the veteran's employment/service/medical history. If this situation applies, please contact us to discuss your situation.

Process for deciding claims

VA will make a decision on your claim as soon as is reasonably practicable after receiving the claim. VA may need to wait for you or any other person to provide further information required to determine whether or not to accept your claim.

Child over 18 undertaking full-time study

A course is considered full-time if it meets the equivalent full-time study (EFTS) rating.

- a) full-time study for a year must be at least 0.8 EFTS.
- b) for courses less than a year, the full-time EFTS rating will depend on the length of the course.

Further information on EFTS is available on the Study link website www.studylink.govt.nz

Documents required with a first-time application

A **first-time** application for a Children's Bursary must include the following documentation (if not already provided):

- Evidence of the child's relationship to the veteran and age:
 - A certified copy of the full birth certificate for natural children.
 - A certified copy of the adoptive birth certificate for adopted children.
 - A certified copy of the full birth certificate for stepchildren; and a statutory declaration that the veteran acted or acts as a parent of the child and was or is the spouse or partner of the child's mother or father. Statutory declaration to include the full name and date of birth of each child for whom an application for a Children's Pension is being made.
- An original or certified copy of the bank statement showing the account number and name OR a pre printed deposit slip stamped by the bank of the account the pension is to be paid to.
- If applicable, medical evidence of the child's mental or physical infirmity from a Medical Practitioner.
- If applicable, evidence that you are responsible for the child such as a statutory declaration from spouse or partner; Court custody documents.
- If applicable, a certified copy of the late veteran's death certificate.
- Verification of study from the institution of study.

If you are a child 18 years of age or more and undertaking full-time study, you must also include:

- Verification of study from the institution of study and confirmation that the course meets the equivalent full-time study (EFTS) rating.

A 'certified' copy is an original document that has been photocopied and certified as a true copy by one of the following:

- Work and Income; Justice of the Peace; Solicitor; Police Officer; Registered Medical Professional; Court Registrar; or other people authorised to take statutory declarations.

A 'statutory declaration' is a statement of facts, usually made in writing before someone authorised to take a statutory declaration such as:

- Justice of the Peace; Solicitor, Court Registrar; Notary Public.

Child's Details

1	Work and Income / Client 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	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>																																																																										
3	Surname	<input type="text"/>																																																																														
4	Given Name/s	<input type="text"/>																																																																														
5	Date of Birth	<input type="text"/>	/	<input type="text"/>	/																																																																											
6	Address and Contact Details	<table border="1"> <tr> <td colspan="10">Postal Address</td> </tr> <tr> <td colspan="10"><input type="text"/></td> </tr> <tr> <td colspan="10">Physical Address</td> </tr> <tr> <td colspan="10"><input type="text"/></td> </tr> <tr> <td colspan="5">Daytime Contact Number</td> <td colspan="5">Mobile Number</td> </tr> <tr> <td colspan="10">E-mail Address</td> </tr> <tr> <td colspan="10"><input type="text"/></td> </tr> </table>									Postal Address										<input type="text"/>										Physical Address										<input type="text"/>										Daytime Contact Number					Mobile Number					E-mail Address										<input type="text"/>									
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Application Type

7 Current Situation Indicate the situation that applies to this Children's Bursary application

First-time application.

Second or subsequent application.

! If a Children's Bursary has been granted and there is a change in circumstances, please complete the Update of Circumstances form on our website.

Entitlement

8 Entitlement Basis (select the grounds on which the child is entitled to a Children's Bursary)

Child is receiving or is entitled to a Children's Pension

Child of a veteran who is receiving Weekly Income Compensation or the Veteran's Pension

Bursary Payment Details

9 Bank Details *This will be the account the Children's Bursary will be paid into if granted*

Name of bank	Branch
<input type="text"/>	
Account Name	
<input type="text"/>	

 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"/>

Veteran's Details

The veteran's details are to be completed for all first-time applications. *If the veteran is deceased and was not on a pension with VA, please provide the veteran's service number and military service i.e. Army, Navy, Air Force.

10	Relationship to Child	<input type="text"/>												
11	Work and Income / Client 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"/>	<input type="text"/>	<input type="text"/>			
12	Title (tick)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="text"/>						
13	Surname	<input type="text"/>												
14	Given Name/s	<input type="text"/>												
15	Date of Birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	16	Date of Death	<input type="text"/>	/	<input type="text"/>	/	(If known and applicable)
17	*Service details	<input type="text"/>												

Study Details

18	Study Type:	<input type="checkbox"/> Secondary	<input type="checkbox"/> Tertiary Education Organisation											
		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time											
19	Study Provider	<input type="text"/>												
	Name	<input type="text"/>												
	Address	<input type="text"/>												
														Post Code
20	Study Period	<input type="text"/>												
	What date does the study commence?	<input type="text"/>												
	What date does the study conclude?	<input type="text"/>												
21	Qualification	Provide details of the qualification the child is studying towards.												
		<input type="text"/>												
		<input type="text"/>												
22	Is the course NZQA approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No											
23	Equivalent full-time study (EFTS) rating	<input type="text"/>												
24	Students Year	<input type="text"/>												

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. The Privacy Act 1993 requires us to tell you why we collect the information and what we will do with it.

You are not required to give Veterans' Affairs any information, but if you do not provide all the information we ask for, your application for an entitlement and/or assistance 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 New Zealand (Veterans' Affairs), which is a unit of the New Zealand Defence Force. We use this information for the purpose of:

- Administering claims and entitlements 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 Commission – 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 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 assistance, 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.

Please complete Signature Page on page 4



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 Commission, 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 there are penalties for providing false information as set out in the information sheet at the front of this application.
- I have read and understand the Privacy Statement contained in this form.
- The Power of Attorney or Enduring Power of Attorney document attached to this application is current (where the application is being signed by a person holding this document).

Applicant or Power of Attorney's name (print)

Signature

Date

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

If the applicant is unable to sign due to physical or mental incapacity, the application must be signed by a person with authority to act on behalf of the applicant. If this situation applies you must also attach a certified copy of at least one of the following documents:

- **Power of Attorney or Enduring Power of Attorney (in relation to Property)**
- **Court Order**
- **Certificate of Administration (from the Public Trustee)**

Checklist

- Please complete the checklist below to ensure your application is complete:**
- I have completed the relevant sections of the application form.
- I have attached certified copies of the required evidence relevant to my circumstance.
- I have attached an original or certified copy of my bank statement OR a pre printed deposit slip stamped by my bank.
- If applicable, I have provided a certified copy of the late veteran's death certificate (if not already provided).
- I have read the Privacy Statement on page 3 and completed the Signature & Acknowledgement on page 4.
- I have written my name and address in the application receipt below (we will return this to you when we receive your application for your records).

Send your completed application to:

Veterans' Affairs
PO Box 5146
WELLINGTON 6140