# Genetic Counselling and Testing

## for Children of Viet Nam, Jayforce, Grapple, and Mururoa Veterans

APPLICATION FORM

Te Tira Ahu Ika A Whiro
VETERANS' AFFAIRS
New Zealand

**1** Work and Income number

☐☐☐–☐☐☐–☐☐☐

If you don't know this number, please leave it blank.

**2** What is your full name?

First name

Middle names

Family name

Preferred name

**3** What is your date of birth

D D / M M / Y Y Y Y

☐ You need to attach a copy of your birth certificate.

**4** Are you the biological child of a Viet Nam, Jayforce, Grapple, or Mururoa veteran?

☐ No ☐ Yes

**5** Were you conceived after their return from this service?

☐ No ☐ Yes

**6** Do you have any of the following health conditions?

☐ Acute myeloid leukaemia
☐ Adrenal gland cancer
☐ Cleft lip
☐ Cleft palate
☐ Spina bifida manifesta

## Child's Personal Details *continued …*

**7** Where do you live?

Street address

Suburb

City Postcode

Country

**8** If your postal address is different to where you live, enter details below.

Street address

Suburb

City Postcode

Country

**9** What are your contact details?

Email

Home phone Mobile phone

Work phone

## Serving Parent's Personal Details

**10** Work and Income number

☐☐☐–☐☐☐–☐☐☐

If you don't know this number, please leave it blank.

**11** What is their full name?

First name

Middle names

Family name

Preferred name

**12** What is their date of birth?

D D / M M / Y Y Y Y

**13** Where did your parent serve?

☐ Viet Nam ☐ Jayforce ☐ Operation Grapple ☐ Mururoa

## Heath professionals' details

**14** **Child's GP details** (if known)

First name

Family name

Practice name

Practice address

Postcode

Practice phone

Practice email

**15** **Genetic Counsellor and Genetic Testing details** (if known)

First name

Family name

Practice name

Practice address

Postcode

Practice phone

Practice email

## Privacy Statement

Personal information is managed in accordance with the privacy statement on our website ***www.va.mil.nz/privacy***. If you would like a copy of the privacy statement posted to you, please email ***veterans@nzdf.mil.nz*** to request it.

## Signature and acknowledgement

### Signature

This form must be signed either by the claimant or a person with the authority to act on the behalf of the claimant if they are unable to do so.

If the claimant didn't sign the form, **include one** of the following forms of evidence:

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

### I acknowledge that:

- the information I have given in this claim form is true and correct
- Veterans' Affairs may obtain further information to assess and decide on my claim
- I have read and understood the Privacy Statement for Forms on ***www.va.mil.nz/privacy***
- I authorize the collection and disclosure of health, clinical, or other personal information by or to Veterans' Affairs or by or to named agencies held by any doctor or health practitioner or named agencies, or service providers (such as ACC), or contractors for the purposes set out in the privacy statement; for the purposes of assessment of this claim; administration of any resulting entitlement; and the provision of any services, treatment or rehabilitation under the Veteran's Support Act 2014.

### Claimant's or authorised person's signature

Signature of claimant or authorised person:

First names:

Surname:

Today's Date:

D D / M M / Y Y Y Y

### Helper | Complete this section if you've helped the claimant to complete the form

Helper's relationship to claimant:

First names:

Surname:

**Email your completed application form and any supporting documents to:**

***veterans@nzdf.mil.nz***

OR

**Send your completed application to:**

Veterans' Affairs
PO Box 5146
WELLINGTON 6140