



Registration of Viet Nam Veterans' Children and Grandchildren

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 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: _____

Authority to Act on Behalf of a Child or Grandchild of a Viet Nam veteran. If you have authority to act on behalf of a registrant who is under the age of 18 or who is unable to sign due to physical or mental incapacity please complete the following details.

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other
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Full Name: _____

Other names you may be known as: _____

Postal Address: _____

Daytime Telephone Number: _____	Fax Number: _____
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Email Address: _____

I declare that I am authorised to act on behalf of the registrant in matters relating to this registration. I am also aware of and understand the Privacy declaration contained in this registration form.

Signature: _____ Date: _____

Part 2**The Child/Grandchild's Details****Title**Mr Mrs Miss Ms Dr

Other

Full Name:

Other names you may be known as:

Postal Address:

Daytime Telephone Number:

Fax Number:

Email Address:

Date of Birth:

Gender

Male Female

Relationship to the Veteran

Natural Child Step Child Adopted Child Grandchild **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 NZ Māori Samoan Cook Island Maori Tongan Niuean Tokelauan

Pacific Islander Other (please state)

Other (please state)

Do not wish to answer **Part 3****Veterans Details**

What is the name of your veteran parent?

Which Service did they serve with?Navy Army Air Force Civilian

If your veteran parent was a civilian who was he/she employed by?

What is your veteran parent's Service number/s

What was your veteran parent's date of enlistment

What was your veteran parent's date of discharge

Dates of the Veteran Parent's Service in Viet Nam

The dates of the start of Service	The dates of the End of Service	Unit

Part 4

Issues (if you would like medical information kept with your registration please attach it to this form)

Could you please outline any other physical or psychological health issues you have experienced as a result of your veteran parent's Service in Viet Nam

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

**Children of Viet Nam Veterans
(born after the Veteran Parents
Service in Viet Nam)**

The following is a list illnesses have been accepted as being linked to a veteran parents service in Viet Nam. Please tick the boxes that indicate any medical conditions from the following list that you have been diagnosed with.

<input type="checkbox"/> Spina Bifida	<input type="checkbox"/> Cleft Lip	<input type="checkbox"/> Cleft Palate
<input type="checkbox"/> Acute Myeloid Leukaemia	<input type="checkbox"/> Adrenal Gland Cancer	

**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: