

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 the families of 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		Veterans Details				
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	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 <input type="checkbox"/>	Female <input type="checkbox"/>

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.

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 2 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 3 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 4 For Veterans' Affairs New Zealand use only

Administration

Date of receipt:

Date of Acknowledgement:

Data entered into the register:

Follow Up Action Taken:

Privacy Statement

You can read our full privacy statement on our website

Your 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 this posted to you please contact us:

- 0800 483 8372 from New Zealand
- +64 4 495 2070 outside New Zealand

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, held by any doctor or health practitioner or named agencies, or service providers, 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.

Signature | Please sign

Claimant or authorised person

Claimant or authorised person name

Claimant or authorised person signature

D D / M M / Y Y Y Y

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

Helper name

Helper's relationship to claimant