

# Review of Decision - Treatment and Rehabilitation application information

(Issued under sections 27, 213 and 215 of the Veterans' Support Act 2014)

## Please read before you complete this form

This application form is for a veteran or other claimant who is dissatisfied with the outcome of a claim and wishes to apply for a Review of Decision - Treatment and Rehabilitation.

You can find information on how we make decisions at:

[www.va.mil.nz/determining-a-claim-under-section-14-or-15](http://www.va.mil.nz/determining-a-claim-under-section-14-or-15)

If you wish to review a treatment and rehabilitation decision, you must apply to Veterans' Affairs (VA) **within 6 months** after receiving notification of the treatment and rehabilitation decision.

To apply, you must fully complete this application form and provide any supporting information to support your claim. Please complete the Checklist on page 5 to ensure your application is complete before submitting.

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

Further information can be found on our website:

[www.va.mil.nz/review-or-appeal](http://www.va.mil.nz/review-or-appeal)

## Right to apply for a Review

(sections 12 - 13 & 215 - 218, Veterans' Support Act 2014)

VA must give notice of decisions on claims to the claimant. This notice will be in writing; and contain the reasons for the decision; and tell the claimant if they have the right to apply for a review of any of VA's decisions on the claim.

Application must be made to VA **within 6 months** after receiving notification of the decision.

A veteran or other claimant may apply for a review of decision by VA that relates to that person's entitlement, including -

- (a) a decision of VA if the decision relates to 1 or more of the following:
  - (i) eligibility for an entitlement;
  - (ii) whether there is a relationship between a veteran's injury, illness, or death and the veteran's qualifying service;
  - (iii) whether and, if so, to what extent a veteran's service is qualifying service;
  - (iv) the degree of impairment caused by an injury or illness.
- (b) a decision of VA to decline entitlement to a Veteran's Pension on the basis that the service on which a claim for entitlement is based is not qualifying operational service.

**You must set out fully the reasons you are seeking a review of the treatment and rehabilitation decision and attach any evidence not previously provided, such as medical reports and/or other documentation which supports your claim.**

## Review Process

(section 222, Veterans' Support Act 2014)

A Review Officer will conduct a review and must:

- confirm the decision; or
- modify the decision; or
- revoke the decision; or
- make any other decision that is appropriate to the circumstances of the case.

If the review is in relation to a decision made by the General Manager of Veterans' Affairs, the review will be conducted by a Review Officer appointed by the Chief of the Defence Force.

If the review is in relation to qualifying service or qualifying operational service, the review will be conducted by a Veterans' Service Review Panel (the Review Panel).

## Offences

(section 270, Veterans' Support Act 2014)

It is an offence to make a false statement or provide misleading information 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 or a person from an ex-service organisation:

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

You can email: [veterans@nzdf.mil.nz](mailto:veterans@nzdf.mil.nz) or visit our website: [www.veteransaffairs.mil.nz](http://www.veteransaffairs.mil.nz)

# Review of Decision - Treatment and Rehabilitation application form

## Personal Details

**1** Work and Income / Client Number (if known)

**2** Title (tick)  Mr  Mrs  Miss  Ms  Dr  Other

**3** Surname

**4** Given Name/s

**5** Date of Birth  /

## 6 Contact Details

Postal Address

Country (if not New Zealand)  Post Code

Home Phone  Work Phone

Mobile Number  Fax Number

E-mail Address

## 7 Medical Practitioner Details

GP Name	<input data-bbox="425 1183 1472 1239" type="text"/>
Practice Name	<input data-bbox="425 1239 1472 1295" type="text"/>
Address	<input data-bbox="425 1295 1472 1329" type="text"/>
Phone	<input data-bbox="425 1329 1472 1385" type="text"/>

# Review of Decision - Treatment and Rehabilitation

## 8 Details of the decision/s you are reviewing

Please set out in full your reasons for seeking a review and attach any evidence not previously provided, such as medical reports and/or other documentation which supports your application.

Please use a separate box for each decision and continue on a separate sheet if necessary.

**Decision 1:**

Date of decision:

I would like the decision reviewed because:

Does this review relate to a declined entitlement on the basis that service on which the claim for entitlement is based is **not qualifying service**?  No  Yes

**Decision 2:**

Date of decision:

I would like the decision reviewed because:

Does this review relate to a declined entitlement on the basis that service on which the claim for entitlement is based is **not qualifying service**?  No  Yes

**Decision 3:**

Date of decision:

I would like the decision reviewed because:

Does this review relate to a declined entitlement on the basis that service on which the claim for entitlement is based is **not qualifying service**?  No  Yes

For additional reviews with this application please copy and complete this sheet

## 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](http://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](http://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, 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

## Checklist

Please complete the checklist below to ensure your application is complete:

- I have fully completed my application form.
- I have attached any additional information which supports my claim.
- I have read the Privacy Statement on page 4 and completed the Signature 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  
Lambton Quay  
WELLINGTON 6140

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## Review of Decision - Treatment and Rehabilitation Application Receipt

This is to acknowledge Veterans' Affairs has received your application.

*Please write your name and address details below:*

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Office Date Stamp