

Genetic Counselling and Testing for Children of Viet Nam, Jayforce, Grapple, and Mururoa Veterans application form

Child's personal details

1 What is your SWN or Client Number? (You can leave this blank if you don't know)

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2 What is your full name?

First name

Middle names

Family name

3 What is your date of birth?

 / / (DD/MM/YYYY)

4 **Important** — You need to **attach** a copy of your birth certificate.

I have **attached** a copy of my birth certificate

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

Yes

No

6 Were you conceived after their return from this service?

Yes

No

7 Do you have any of the following health conditions?

Acute myeloid leukaemia

Adrenal gland cancer

Cleft lip

Cleft palate

Spina bifida manifesta

8 Residential address. Where do you live?

Street address

Suburb

City

Country

Postcode

9 Is your postal address different from where you live?

No

Yes



Please enter your postal address below



Street address

Suburb

City

Country

Postcode

10 Your contact details

Email

Home phone

Mobile

Serving parent's personal details

11 What is their SWN or Client Number? (You can leave this blank if you don't know)

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12 What is their full name?

First name

Middle names

Family name

13 What is their date of birth?

 / / (DD/MM/YYYY)

14 Parent's contact details

Email

Home phone

Mobile

15 Where did your parent serve?

- Viet Nam
- Jayforce
- Operation Grapple
- Mururoa

Child's GP details (if known)

16 GP name

Practice name

Practice address

Phone

Email

Genetic Counsellor and Genetic Testing details (if known)

17 Counsellor's name

Practice name

Practice address

Phone

Email

Sign the next page



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 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.

Signature | Please sign

Claimant or authorised person

Signature of claimant or authorised person:

Today's date: (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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First names:

Surname:

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

Helper's relationship to claimant:

First names:

Surname: