

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 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.

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.

Part 1 Your 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:

I declare that I am authorised to act on behalf of the registrant in matters relating to this registration.

Signature:

Date:

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.

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**

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

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: