

Registration of **Viet Nam Veterans'** **Spouses and Partners**

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		Spouse or Partner's 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:						
Postal Address:						
Daytime Telephone Number:				Fax Number:		
Email Address:						
Date of Birth:			Gender		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Relationship to the Veteran		Current Spouse/Partner <input type="checkbox"/>		Former Spouse/Partner <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**Veterans Details**

What is the name of your veteran spouse/partner's?

Which Service did they serve with?

Navy <input type="checkbox"/>	Army <input type="checkbox"/>	Air Force <input type="checkbox"/>	Civilian <input type="checkbox"/>
-------------------------------	-------------------------------	------------------------------------	-----------------------------------

If your veteran spouse/partner's was a civilian who was he/she employed by?

What is your veteran spouse/partner's Service number/s

What was your veteran spouse/partner's date of enlistment

What was your veteran spouse/partner's date of discharge

Dates of the Veteran Spouse/Partner's Service in Viet Nam

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

Part 3

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 spouse/partner's Service in Viet Nam

Please outline any other problems experienced as a result of your veteran spouse/partner's 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