

**Please read
before you
complete this
form**

This application form is for a child of a veteran, who served in Viet Nam or before 1 April 1974, who is studying full-time at a secondary school or at least part-time with a tertiary education organization.

The Children's Bursary payment is a tax-free lump sum payment for the year of study in which it is applied for.

A child is eligible to apply for a Children's Bursary each year up to the year in which the child turns 23 years old. It is paid for the year in which it was applied. It cannot be applied for retrospectively.

The application form should be completed by the person responsible for the care of the child, if the child is not yet 16 years of age; or if the child is 16 years of age or more but suffering from any mental or physical infirmity. If the bursary is granted, payment will be made to the person responsible for the care of the child; unless Veterans' Affairs considers payment should be made to another person or to trustees.

In all other cases the child must complete and sign the application form themselves. If the bursary is granted, payment will be made to the child.

To apply, you must fully complete this application form and provide any supporting information or evidence required by Veterans' Affairs (VA).

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

More information can be found on our website: <https://www.va.mil.nz/a-z/childrens-bursary/>

If a Children's Bursary has been granted and there is a change in circumstances, please complete the Update of Circumstances form on our website: www.va.mil.nz/forms

Eligibility

(section 81,
Veterans' Support
Act 2014)

A child of a Scheme One veteran is entitled to a Children's Bursary if:

- they are undertaking full-time study at a secondary school or full-time or part-time study with a tertiary education organization; and
- they are entitled to a Children's Pension or are the child of a veteran who is receiving Weekly Income Compensation or the Veteran's Pension.

The rate at which the Children's Bursary is paid will vary dependent on the child's circumstances.

Definition

(section 7,
Veterans' Support
Act 2014)

The Veterans' Support Act 2014 defines the child of a veteran as:

- a natural child of the veteran; or
- an adopted child of the veteran; or
- a child of whom the veteran is or has been a guardian; or
- a grandchild or a whāngai of the veteran in relation to whom the veteran acts or has acted as a parent or a guardian; or
- any other child who would ordinarily be regarded as a child of the veteran because the veteran is or was the spouse or partner of one of the child's parents; and acted as a parent or a guardian.

Offences

(sections 270,
Veterans' Support
Act 2014)

It is an offence to make a false statement or provide misleading information to VA 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:

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

You can email: veterans@nzdf.mil.nz or visit our website: www.veteransaffairs.mil.nz

Completing your application

If the child is not yet 16 years of age; or if the child is 16 years of age or more but suffering from any mental or physical infirmity the application form must be completed and signed by:

- the person responsible for the care of the child ("the applicant").
- any person requested by the applicant to complete the form (the applicant must complete the Signature & Acknowledgement); or
- the holder of a Power of Attorney or other recognised authority (refer to page 6).

In all other cases the child ("the applicant") must complete and sign the application form themselves. If the bursary is granted, payment will be made to the child.

Step 1:

- **Read page 3 regarding documentation required and completion of the application form.**
- Complete page 4 and 5
- Read the Privacy Statement on page 6
- Complete the Signature & Acknowledgment on page 6.

If a question is not applicable, please write N/A. If there is insufficient space to answer a question, please include additional sheet/s of paper to complete your answer, including the question or page number it relates to.

Step 2:

- Complete the Checklist on page 7
- Send your fully completed application and all supporting documentation to VA at the address shown.

If the veteran is deceased and was not receiving a War Disablement Pension of 70% or more, or a Disablement Pension of 52% or more in relation to whole-person impairment (or was not receiving any pension), further information may be required, such as the veteran's employment/service/medical history. If this situation applies, please contact us to discuss your situation.

Process for deciding claims

VA will make a decision on your claim as soon as is reasonably practicable after receiving the claim. VA may need to wait for you or any other person to provide further information required to determine whether or not to accept your claim.

Child over 18 undertaking full-time study

A course is considered full-time if it meets the equivalent full-time study (EFTS) rating.

- a) full-time study for a year must be at least 0.8 EFTS.
- b) for courses less than a year, the full-time EFTS rating will depend on the length of the course.

Further information on EFTS is available on the Study link website www.studylink.govt.nz

Documents required with a first-time application

A **first-time** application for a Children's Bursary must include the following documentation (if not already provided):

- Evidence of the child's relationship to the veteran and age:
 - A certified copy of the full birth certificate for natural children.
 - A certified copy of the adoptive birth certificate for adopted children.
 - A certified copy of the full birth certificate for stepchildren; and a statutory declaration that the veteran acted or acts as a parent of the child and was or is the spouse or partner of the child's mother or father. Statutory declaration to include the full name and date of birth of each child for whom an application for a Children's Pension is being made.
- An original or certified copy of the bank statement showing the account number and name OR a pre printed deposit slip stamped by the bank of the account the pension is to be paid to.
- If applicable, medical evidence of the child's mental or physical infirmity from a Medical Practitioner.
- If applicable, evidence that you are responsible for the child such as a statutory declaration from spouse or partner; Court custody documents.
- If applicable, a certified copy of the late veteran's death certificate.
- Verification of study from the institution of study.

If you are a child 18 years of age or more and undertaking full-time study, you must also include:

- Verification of study from the institution of study and confirmation that the course meets the equivalent full-time study (EFTS) rating.

A 'certified' copy is an original document that has been photocopied and certified as a true copy by one of the following:

- Work and Income; Justice of the Peace; Solicitor; Police Officer; Registered Medical Professional; Court Registrar; or other people authorised to take statutory declarations.

A 'statutory declaration' is a statement of facts, usually made in writing before someone authorised to take a statutory declaration such as:

- Justice of the Peace; Solicitor, Court Registrar; Notary Public.

Child's Details

1	Work and Income / Client Number (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																													
2	Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>																																																																
3	Surname	<input type="text"/>																																																																				
4	Given Name/s	<input type="text"/>																																																																				
5	Date of Birth	<input type="text"/>	/	<input type="text"/>	/																																																																	
6	Address and Contact Details	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10">Postal Address</td> </tr> <tr> <td colspan="10"> </td> </tr> <tr> <td colspan="10">Physical Address</td> </tr> <tr> <td colspan="10"> </td> </tr> <tr> <td colspan="5">Daytime Contact Number</td> <td colspan="5">Mobile Number</td> </tr> <tr> <td colspan="10">E-mail Address</td> </tr> </table>									Postal Address										 										Physical Address										 										Daytime Contact Number					Mobile Number					E-mail Address									
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Application Type

7 Current Situation Indicate the situation that applies to this Children's Bursary application

First-time application.

Second or subsequent application.

! If a Children's Bursary has been granted and there is a change in circumstances, please complete the Update of Circumstances form on our website.

Entitlement

8 Entitlement Basis (select the grounds on which the child is entitled to a Children's Bursary)


Child is receiving or is entitled to a Children's Pension

Child of a veteran who is receiving Weekly Income Compensation or the Veteran's Pension

Bursary Payment Details

9 Bank Details *This will be the account the Children's Bursary will be paid into if granted*

Name of bank	Branch
Account Name	

 Write your bank account number below and attach an original or certified copy of your bank statement showing the account number and name **OR** a pre printed deposit slip stamped by your bank.

Bank	Branch	Account number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Veteran's Details

The veteran's details are to be completed for all first-time applications. *If the veteran is deceased and was not on a pension with VA, please provide the veteran's service number and military service i.e. Army, Navy, Air Force.

10	Relationship to Child	<input type="text"/>									
11	Work and Income / Client Number (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	Title (tick)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other <input type="text"/>				
13	Surname	<input type="text"/>									
14	Given Name/s	<input type="text"/>									
15	Date of Birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16	Date of Death	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(If known and applicable)
17	*Service details	<input type="text"/>									

Study Details

18	Study Type:	<input type="checkbox"/> Secondary	<input type="checkbox"/> Tertiary Education Organisation								
		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time								
19	Study Provider	<input type="text"/>									
	Name	<input type="text"/>									
	Address	<input type="text"/>									
											Post Code
20	Study Period	<input type="text"/>									
	What date does the study commence?	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	What date does the study conclude?	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
21	Qualification	Provide details of the qualification the child is studying towards.									
		<input type="text"/>									
		<input type="text"/>									
22	Is the course NZQA approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
23	Equivalent full-time study (EFTS) rating	<input type="text"/>									
24	Students Year	<input type="text"/>									

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

Checklist

- Please complete the checklist below to ensure your application is complete:**
- I have completed the relevant sections of the application form.
- I have attached certified copies of the required evidence relevant to my circumstance.
- I have attached an original or certified copy of my bank statement OR a pre printed deposit slip stamped by my bank.
- If applicable, I have provided a certified copy of the late veteran's death certificate (if not already provided).
- I have read the Privacy Statement on page 6 and completed the Signature & Acknowledgment on page 6.
- 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
WELLINGTON 6140