

Registration of Deceased Spouses and Partners of Viet Nam Veterans'

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 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 Privacy Declaration

Relationship to the deceased Spouse or Partner:

In completing this registration form I understand that the information provided will be used by Veterans' Affairs New Zealand to ensure that I am able to receive my full entitlements. This includes the use of the information for statistical and research purposes and the provision of advice to Government.

In order to ensure that I am able to receive my full entitlements I understand that Veterans' Affairs New Zealand may require additional information from other agencies holding other relevant information. This may require:

- Obtaining information from other Government Agencies on any assistance I am receiving.
- Obtaining information from my General Practitioner, medical specialist, or other health professional.

I understand that under the Privacy Act 1993 I am not obliged to provide any personal information to Veterans' Affairs New Zealand, but if I do not, Veterans' Affairs New Zealand may not be able to provide the assistance required. I understand that under the Privacy Act 1993 I have the right to request access to, and correction of, any personal information held about me. I understand that I also have the right to withdraw my consent at any time.

I understand that all the information provided will be held by Veterans' Affairs New Zealand and that in the collection, use and storage of information, Veterans' Affairs New Zealand will, at all times, comply with the obligations of the Privacy Act 1993. 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. Signature: Date: Your Details Part 2 Title Other Mr Mrs Miss Ms Dr Full Name: Other names you may be known as: Postal Address: Daytime Telephone Number: Fax Number: **Email Address:**

Part 3 Spouse or Partner's Details										
Title	Mr	Mrs	Miss		Ms] Dr		Other		
Full Name:			1			,		1		
Other names they may have been known as:										
Date of Birth:				Gend	der		Male		Female	
Date of Death:										
Cause of Death (please attach any medical or other relevant information):										
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 Europea	n 🗌	NZ Māori	Sa	moan		Cook I	sland Ma	aori 🗌	Tongan	
Niuean Tokelauan Pacific Islander Other (please state)										
Other (pleas	e state)		•					Do not wish	to answer	
Part 4 Veterans Details										
What is the name of the veteran spouse/partner?										
Which Serv	ice did th	ney serve with?	Navy	, [Arn	ny 🗌		Air Force	Civilian	
If the veteran spouse/partner was a civilian who was he/she employed by?										
What are the veteran spouse/partner's Service number/s										
What was the veteran spouse/partner's date of enlistment						What was the veteran spouse/partner's date of discharge				

Dates of the Veteran	Spouse/Partner's Servi	ice in Viet Nam			
The dates of the start of Service	The dates of the End of Service	Unit			
Part 5 Issues					
Please outline any other physical or p spouse/partner's Service in Viet Nam	osychological health issues experience	d as a result of the veteran			
Transfer and the second second					
Please outline any other problems ex	perienced as a result of the veteran sp	ouse/nartner's Service in Viet Nam			
e.g. homelessness, employment issu		oddo/partifol o Golvido ili viot italii			
The name and details of a hospital of	GP which may have additional information	ation.			
Please return this for	m to: Veterans' Affairs	New Zealand.			
PO Box 5146, Wellington					

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:							