[redacted]
War Pensions Number

VETERANS' ENTITLEMENTS APPEAL BOARD

Name: [redacted] Reference number: 2016/2

Service Number and Rank: [redacted], [redacted]

Address: [redacted]

Grounds of appeal: Appeal against decision of the Review Officer to decline to accept application for Motor Vehicle Grant

Held: at Wellington on 24 August 2016

DECISION

1. This is an appeal by [redacted] (the **Appellant**) against the decision of the Review Officer (**RO**) dated 9 September 2015 to uphold the Decision Officer's decision of 18 March 2015 to decline his application for a **Motor Vehicle Grant.**

2. The Appellant did not appear in person at the appeal hearing, however, he was represented by Mr Richard Terrill. Veterans' Affairs New Zealand (**the Respondent**) was represented by Mr Graeme Astle.

Background to the appeal

3. On 18 March 2015, the Decision Officer declined to accept the Appellant's application for a Motor Vehicle Grant. The reason for her decision was: *"To qualify for a motor vehicle grant the veteran must meet the definitions set out in section 29 of the Veterans' Support regulations 2014 - Interpretation which reads as follows: In regulations 30 and 31 -* ***severe lower body mobility impairment*** *means a service related impairment due to (a) amputation of a lower limb; or (b) severe and permanent loss of function of the lower extremity affecting mobility;* ***total lower body mobility impairment*** *means a service-related impairment due to (a) paraplegia; or (b) amputation of both lower limbs; or (c) total or near-total permanent loss of function of the lower extremity affecting mobility. (2) For the purposes of sub-clause (1),* ***lower extremity*** *means that part of the body from both hips (including the pelvis) to the toes of both feet."* The Decision Officer noted that the "*letter from Dr John Elliot, Consultant Physician dated 3 March 2015 states '[the Appellant] does not meet these definitions."*

4. On 9 September 2015, the RO upheld the Decision Officer's decision of 18 March 2015 and declined to accept the Appellant's application for a Motor Vehicle Grant. In coming to her decision, the RO had regard to the letter dated 23 June 2015 accompanying the Appellant's review application received 6 July 2015, in which the Appellant wrote (among other things): *"...As*

mentioned in my first application I suffered a cerebellum stroke in 2013 which has seriously impacted on my coordination and balance when standing. The cerebellum is involved in the coordination and balance mechanisms when walking, standing and turning. Walking is difficult due to the vertigo I experience and I have to endeavour to try to walk in a straight line; something that normally should come naturally and something one does without having to focus on it. When standing or turning I suffer from severe vertigo which makes it impossible or very difficult for me to take a plate of food from the kitchen to the table for example. To someone looking on it may seem that I am not experiencing too many problems however this is really a subjective view on their part. I have seen a Mr Elliot, Consultant Physician, who I was referred to by my GP. In his letter to Ms Grealish, Decision Officer of Veterans Affairs (3/3/2015), Mr Elliot refers to my inability at traversing slopes, uneven surfaces and for going for longer walks, however he has not mentioned the difficulties I experience when I am on my feet on a level surface. Going from a sitting position to a standing position I experience severe vertigo or dizziness, likewise I experience the same when standing or turning. I only get relief when I sit down. This stroke has severely impacted on my ability to virtually do anything when standing. I would estimate I have lost the ability of doing approximately 90% of the physical activities I used to do prior to the stroke. I believe the problems that regulations 30 and 31 raises for stroke victims is that generally the emphasis of the regulations is on amputees or those veterans suffering from paraplegia. I do not suffer from those two conditions and have never implied that I have..... 1. I have a severe lower body impairment as the outcome of my cerebellum stroke. (As outlined above). If the regulations mean/or require that I am totally unable to walk at all, then I do not qualify as I can walk with difficulty. This point needs to be clarified. An accurate definition of severe would be useful as the term could be misinterpreted by different people. 2. The disability is permanent and is service related and has been accepted by Veterans Affairs as a service related disability. 3. It appears that the decision to decline my application is based on Mr Elliot's, Consultant Physician, brief report dated 3rd March 2015 which stated I did not meet those definitions. It would have been very helpful if the report had referred to exactly why I did not meet the definitions. With all due respect to Mr Elliot and his busy workload I am of the view that he has not fully taken into account the difficulties I experience as a result of my stroke. The regulations do refer to two disabilities: amputations and paraplegia, but do not specifically refer to any other disabilities which would cause lower body impairment. I am not medically qualified to give an opinion in this regard but I can refer to my own experiences. Perhaps the regulations may require enlarging to some degree to specifically outline those (new (in my case) lower body impairments)...." The RO also had regard to the Appellant's application for a Motor Vehicle Grant (letter received 12 January 2015) in which he wrote: *"In 2013 I suffered a cerebellum stroke. The stroke has left me severely restricted in what I can do physically while standing and moving about. The cerebellum has a significant influence on one's coordination and balance. While I can function when lying and sitting this totally changes when I stand; I suffer from vertigo, dizziness, where everything is spinning. As a result of this I find walking very difficult and limited, I walk with a stagger and find it is demanding to walk in a straight line. These conditions are permanent and will not improve. These limitations occur only when I am standing. I can drive however my wife drives much of the time. I have not been restricted to drive by the doctors I have seen...."*

5. The RO further noted that: the Appellant had the accepted condition of Cerebrovascular Disease et seq. Vertigo; that "*confirmation was sought from the Appellant in respect of meeting the definition of impairment....and for medical evidence in support of this (letter dated 30 January from Decision Officer to [the Appellant]";* that the Appellant had spoken with his Consultant Physician since his stroke and that he had requested from the Decision Officer the specific questions needed to progress his application; that the Decision Officer had provided the Appellant "*with regulation 29 of the Veterans' Support Regulations 2014"*, and that the Decision Officer had advised that *"confirmation was required from [the Appellant's] specialist that the definitions applied in the regulations were met, and the impairment to the lower limbs was service related."* The RO further noted that Mr Elliot had written in a letter dated 3 March 2015 that the Appellant did not meet the relevant regulations and that he had commented: *"I understand that his stroke has been accepted as being service related and his mobility is such that he usually walks using a stick and certainly has difficulties coping with slopes, uneven surfaces and for going longer distances..."*

6. Having noted section 147 of the Veterans' Support Act (the **Act**) and the definitions of severe lower body mobility impairment and total lower body mobility impairment in regulations 30 and 31 of the Veterans' Support Regulations 2014 (the **Regulations)**, and having "*carefully considered the information available"*, the RO concluded *"regrettably, that [the Appellant] does not meet the eligibility criteria for a Motor Vehicle Grant under the Veterans' Support Act 2014."* The RO determined that *"the information provided does [sic] meet the criteria for 'total or near total lower body mobility impairment' and [the Appellant] does not have a lower limb amputation (severe lower body mobility impairment)."* The RO observed that *"mobility is very difficult for [the Appellant] when he stands, as a result of balance problems. Leg function does not however appear to be affected when sitting or lying down, and as such does not demonstrate....'permanent loss of function of the lower extremity....' "*

Written submissions

7. On 1 December 2015, the Appellant signed a notice of appeal form appealing the review decision, contending that "...*Mr Elliot report failed to note that I have difficulties in walking on flat surfaces as well as on uneven ground. (Refer to attached report from Mr P G Parkin and VA photocopied..."* Covering the Appellant's notice of appeal was a brief written submission from Mr Terrill, in which he stated: *"We submit that [the Appellant] has sufficient lower body impairment to qualify him under regulation 29(1)(b) of the Veterans' Support Regulations 2014..."* Enclosed with Mr Terrill's submission was a letter from letter from Dr Philip J. Parkin, Neurologist dated 2 November 2015, in which Dr Parkin evaluated the Appellant's vertigo, and commented in some detail on his condition, noting among other things that *"when sitting still or lying in bed, he is completely asymptomatic but immediately on standing, turning, bending or twisting, he experiences vertigo that seems, from his description, to be more continuous than to consist of brief discrete vertigo recurrences provoked by having made a positional change. When walking, for example, he feels unsteady and mildly giddy if he should gaze at the ground in front of him so that, because of it, he will specifically focus on a distant target. This symptom is, of course, set upon a background of bilateral hearing impairment that, I gather is presumed to be noise induced*..." Having noted the Appellant's clinical history, and some preliminary matters on examination, Dr Parkin noted that *"the motor examination in the limbs*

was normal. The tendon reflexes and plantar responses were normal (apart from a reduction in the right triceps reflex). His gait was cautious but was not otherwise overtly abnormal. He was, however, unable to perform tandem gait and was quite unsteady and apprehensive on the Unterberger test (marching on the spot with closed eyes.) The Hallpike positional tests were negative...Apart from his mild-moderate overweight, the remainder of a brief general examination was unremarkable." Having carried out his examination, Dr Parkin went on to record his impression. Noting the Appellant's brain scan in April 2014 and associated factors, Dr Parkin commented: *"I feel it reasonable to assume his ongoing vertigo/disequilibrium to be on an ischaemic basis. Regrettably, we have no therapy capable of alleviating the symptoms he already has. Instead the best therapeutic approach we can offer is doing our best to inhibit the rate of progression of his cerebral vascular disease, a therapeutic approach that centres around anti-platelet therapy, anti-hypertensive therapy and statin therapy..."* Dr Parkin noted that *"[the Appellant's] symptoms clearly constitute a significant handicap, particularly in terms of mobility and balance confidence. This impacts significantly upon his ability to travel and get about particularly as even the simple task of getting onto and off a bus would likely represent an overwhelming challenge for him. I understand that he is seeking motor vehicle assistance from Veterans' Affairs, on the basis of his disability having arisen from cerebral vascular disease that is, apparently, now incorporated within their list of eligible conditions apparently linked to defoliants used during the Vietnam War..."* Also enclosed with Mr Terrill's submission was a letter from letter from Dr Sue Hamer dated 4 December 2015, in which she confirmed that *"[The Appellant] is medically fit to drive a motor vehicle",* which Mr Terrill submitted complied with *".....regulations 33 (e) and (f) of the Veterans' Support Regulations 2014."* Mr Terrill further submitted: *"This is a simple appeal and no further evidence should be necessary."*

8. In additional written submissions received by Veterans' Affairs New Zealand (**VANZ**) on 16 June 2016, the Appellant advised his view that *"the inclusion of strokes and hypertension into the presumptive list of health issues for Vietnam Veterans rising out of the Vietnam War creates a legal obligation on the Government, veterans affairs and society in general that they have a legal obligation to accept that the veterans impairments, when proved, are the result of their service in that particular war. This obligation crystallises into a legal responsibility in regard to caring and compensating these veterans in regard to the impairments they have incurred in their service to New Zealand";* drew to the attention of the Veterans' Entitlements Appeal Board (the **Board**) that VANZ *"have accepted that the hypertension and cerebellum stroke that I had is a result of my war service in the Vietnam conflict.....",* and further advised that his *"application for motor vehicle assistance relate to the symptoms of the scaring in my brain as a result of the Cerebrovascular Accident, CVA, (stroke)."* The Appellant explained that his stroke: *"... has left me with severe vertigo and co-ordination problems when I am standing and moving about, this occurs at all times and is a very difficult condition to tolerate",* noting that *"while the damage is in my brain or cerebellum, the final outcome is the way the damage affects my ability to walk and move about....."* The Appellant challenged the decision of the RO - *"in her view as I am symptomatic when I am sitting, this does not demonstrate a permanent loss of function of the lower extremity",* and submitted that *"the fact is, my scarring to the brain is constant and will not repair itself and the scarring does not disappear when sitting. To accept the view that one is cured because one is*

asymptomatic when sitting, cannot be allowed to stand as it is obviously not correct there are conditions or illnesses where a person may be asymptomatic at times, and go on to actually die from that condition or illness." The Appellant, having posed the question *"if the damage to my cerebellum was the result of a small sliver of shrapnel from an exploding shell, and caused the medical issues that I have, would I have to demonstrate my case to this extent?,* submitted that *"in reality there is no difference if the scarring was caused by shrapnel or by a CVA (stroke). The fact remains, my cerebellum is scarred and the final outcome of that damage is vertigo and co-ordination issues which affects my lower body mobility."* The Appellant observed that *"...the Vietnam cohort was the only group of returned veterans to have [hypertension and strokes] added to their [presumptive] list",* and submitted that *"in the matter of returned veterans claiming for a disability there is a reverse onus of proof. This means that Veterans Affairs have to prove that the disability claimed by the veteran is not a result of their active service. Veterans Affairs have accepted this cerebrovascular accident (stroke) as service related."* Noting again the decision of the RO - that his *"application does meet the criteria for 'total or near total lower body mobility impairment', but does not demonstrate permanent loss of function of the lower extremity as I am asymptomatic when sitting"* and that the RO's view was that his *"application did not meet the eligibility criteria",* the Appellant advised his belief that *"this view is seriously flawed, in that the damage to my cerebellum remains constant, regardless of the times when I am asymptomatic when sitting",* suggesting that *"if this view was to prevail then amputees and others who were in a sitting position would also fall into the same category."* The Appellant finally submitted: *"regulations 30, 31, refer to body mobility, in the context of the regulations, this means the ability to walk or move. Where the term permanent is used it means the impairment always prevents or restricts one's ability to walk or move. The term permanent does not relate to when one is in a resting position as it is obvious, one is not endeavouring to become mobile. In other words, permanent in this context relates only when one is endeavouring to become mobile."*

9. In response, Mr Astle on behalf of the Respondent, having acknowledged the submissions of the Appellant filed on 16 June 2016 as well as the information provided and the points raised by him, expressed his disagreement with the Appellant's interpretation of body mobility and lower body mobility impairment, submitting that such interpretation *"is at odds with the Veterans' Affairs Support Regulations 2014 and the definitions outlined in regulation 29."* The Respondent highlighted various points, including: that the Appellant served in the Royal New Zealand Artillery as a gunner, was posted to active service in Vietnam on 18 November 1966 and that he ceased to be on active service on 20 December 1967; that the RO had determined that "*in order to qualify for a Motor Vehicle Grant a veteran must meet the definitions set out in regulation 29 of the Veterans' Support Regulations 2014....";* that the Appellant "*has an accepted disability of Cerebrovascular Disease et seq. Vertigo";* that the RO had noted the *"extensive description of his condition and the limitations he has when standing due to suffering from vertigo and dizziness, where everything is spinning",* and that he *"finds walking difficult and limited and that he walks with a swagger and finds it difficult to walk in a straight line";* that Dr Elliot had *"noted that [the Appellant's] impairment did not meet the definitions",* and that Dr Elliot had acknowledged that the Appellant *"usually walks using a stick and certainly has difficulties coping with slopes, uneven surfaces, and for going longer distances";* that the RO had noted the relevant provisions of the VSA and the Regulations; and that

that after *"careful consideration to the information available",* the RO had "*concluded that [the Appellant] did not meet the eligibility criteria for a Motor Vehicle Grant on the basis that:*

- *the information provided did not meet the criteria and definitions for 'total or near total lower mobility impairment"*
- *[The Appellant] did not have a lower limb amputation resulting in severe lower body impairment*
- *Although mobility can be very difficult when [the Appellant] stands as a result of balance problems, it was noted that his leg function did not appear to be affected when [the Appellant] was lying or sitting down*
- *Dr Elliot confirmed that [the Appellant's] impairment did not meet the definitions specified in the regulations that are required to be met to qualify for a Motor Vehicle Grant".*

10. Mr Astle further noted that *"based on [these] determinations...the [RO] upheld the decision to decline the application for a Motor Vehicle Grant",* and submitted that the RO *"in reaching the determination to uphold the Decision Officer's decision to decline the application has correctly interpreted the requirements and definitions outlined in the Veterans' Support Act 2014 and the Veterans' Support Regulations 2014."*

11. In a further submission dated 19 July 2016, the Appellant, having referred to his comments in his *"report dated 23rd June 2015 (ref, paragraph 9 and 9.1)"* stated his belief that he met *"the requirements as they are outlined. The regulations as written, tend to force a view on a reader that only these two conditions amputation and paraplegia are really relevant and the way they are written could interfere with a completely objective opinion."* The Appellant reiterated that had *"never implied that [he had] either amputation or paraplegia."* The Appellant further opined that *"Recently the inclusion of Hypertension and Cerebrovascular Disease (stroke) into the presumptive list regarding Vietnam Veterans has added a new dimension into the equation. This requires a reader to accept as law that these two NEW conditions are a result of returned veterans that has these two conditions, HP and CVA included in their presumptive list of impairments."* The Appellant noted that "*Veterans' Affairs had acknowledged that they have accepted these two conditions as relating to my war service..."* and explained that his stroke and consequential vertigo *"is an extremely difficult condition to demonstrate, one cannot see it, like a more tangible impairment such as amputation or paraplegia, one can only see the outcome of how the vertigo affects a person when they endeavour to walk. And while one is endeavouring to walk with this impairment; to an observer little may appear to be wrong."* The Appellant further noted, having had regard to Mr Astle's submissions dated 13 July 2016, that VANZ did not agree with his interpretation of lower body mobility impairment, and that he had never implied that he had a *'lower limb amputation resulting in severe lower body impairment*." He continued to address each point raised by Mr Astle in his submission stating: *"when one is in a sitting or lying position, one's legs are at rest and one's legs does not function. Function implies mobility or attempting to be mobile";* that *"Veterans' Affairs places considerable emphasis on Dr Elliot's report where he stated that '[the Appellant] does not meet the definitions outlined in the regulations' "* but *"he did not state why I did not meet them";* and that *"Dr Elliot acknowledged that I usually walk with a stick. I use a walking stick all the time to maintain my balance and enable myself to walk in a straight line, he further commented that I have difficulty*

coping with slopes, uneven surfaces and walking longer distances. He neglected to include the difficulty I have when traversing on level surfaces. Dr Elliot is a general physician and deals with some very unwell patients and I have no complaints about his or his ability as a physician. I only saw Dr Elliot on three occasions over a period of about nine months...I disagree with his view in how this CVA has affected by lower body mobility. While I am not medically qualified to express a medical opinion I can comment on how the CVA has affected me and my ability to walk. At times a patient is the best placed person to understand what he is experiencing. Dr Elliot [sic] report did not state why I did not meet the definitions, this is unfortunate as it would have assisted in this matter. Dr Elliot did state that he is not in a position to carry our research into why a CVA should come within the definitions of these regulations." The Appellant observed that *"the review officer in her report of the 9th September 2015 stated that: 'the information I provided at that time* ***did meet*** *the criteria for total or near total lower body mobility impairment, and that [the Appellant] does not have lower limb amputation (severe lower body mobility impairment). Mobility is very difficult for [the Appellant] when he stands, as a result of balance problems. Leg function does not however appear to be affected when sitting or lying down, and as such does not demonstrate '...permanent loss of function of the lower extremity...' "*The Appellant concluded his submission by stating: *"The main thrust of Veterans Affairs submissions in this matter is that [the Appellant] is asymptomatic when seated or in a lying position. In either of these two positions one is not endeavouring to use one legs, the regulations relate to lower body mobility which infers walking or attempting to walk. The suggestion that when I am resting does not demonstrate permanent lower body immobility is to deny one, natural justice."*

The appeal hearing

Preliminary matters

12. The Board noted that section 228(4) of the Act required that an appeal must be brought within 6 months after the date of the review decision, but that section 228(5) of the Act provided that *"...the appeal board may, in its discretion, extend the time for bringing the appeal if the appeal board thinks an extension is in the interest of justice."* Having had regard to section 228(2) and section 35 of the Interpretation Act 1999, the Board determined that the Appellant's notice of appeal was required to be given to the Respondent no later than 9 March 2016. The Board observed that the notice of appeal had not been given to the Respondent until 11 March 2016, and that the notice given by the Appellant was therefore two days outside the 6 month period prescribed in s228(4) of the Act. Mr Terrill accepted that this was the case. This being so, the Board noted that it was therefore required to consider whether it should exercise the discretion vested in it by s228(5) of the Act to extend the time for bringing an appeal. The Board was of the view that it could exercise this discretion either prospectively or retrospectively (as in this case), and that such an interpretation was consistent with the principle of benevolence enshrined in the Act. The Board noted the short period of time in respect of which the notice was late, and also that the Appellant had been unwell. Having considered the matter and noting the overarching benevolent intent of the Act, the Board determined that an extension in this case "*is in the interests of justice*." The Board accordingly decided that the appeal should proceed in accordance with the notice of appeal given to the Respondent on 11 March 2016.

13. The Board also noted that it appeared that the decision of the RO had a key typographical omission. In the final paragraph of her decision the RO had stated: *"…I have carefully considered the information available and have concluded, regrettably, that [the Appellant] does not meet the eligibility criteria for a Motor Vehicle Grant under the Veterans' Support Act 2014.* ***The information provided <u>does meet</u> the criteria for 'total or near total lower body mobility impairment', and [the Appellant] does not have a lower limb amputation (severe lower body mobility impairment)****..."* The Board formed a view that in the context of the sentence the sentence highlighted should have read: "***The information provided <u>does not meet</u> the criteria for 'total or near total lower body mobility impairment', and [the Appellant] does not have a lower limb amputation (severe lower body mobility impairment)****..."* and asked Mr Terrill to advise his view on the matter. Mr Terrill accepted that the Board's interpretation was correct. The Board accordingly proceeded to consider appeal on the basis of this shared understanding of the RO's decision in this respect.

Oral Submissions

14. At the hearing of the appeal on 24 August 2016, Mr Terrill orally submitted that the Appellant *"lives in a remote area"* and that he *"needs transport."* Mr Terrill further submitted that the Appellant's movement *"was limited to slow walking"*, and that *"while he doesn't quite meet the criteria of the regulations, he would benefit from a Motor Vehicle Grant"* - that "*this would benefit his health and wellbeing."* Mr Terrill advised the Board that *"currently his wife usually drives"* but that this was *"inconvenient because she works";* that he can *"walk across a room";* that he *"uses crutches"* and that he *"had not had falls."* In response to a question from the Board, Mr Terrill confirmed that the Appellant had a *"full, unqualified driver's licence".*

15. Mr Astle in his submission drew to the Board's attention that the medical report available to the RO when making her decision was that provided by Mr Elliot on 3 March 2015. He further submitted that the subsequent medical report from Dr Parkin did not support the Appellant's application. Mr Astle expressed his wish that it be noted that VANZ had never regarded him as an amputee or as a paraplegic, and apologised for any unwitting suggestion to the contrary.

Appeals under the Act

16. Under the Act, a review decision may be appealed by the person who applied for the review or by VANZ. An appeal made to the Board is a *de novo* appeal, and the Board is not bound by any findings of fact made by the decision maker whose decision is the subject of the appeal. Appeals are required to be heard and determined without regard to legal or procedural technicalities. When hearing an appeal, the Board may, among other things, receive any evidence or information that, in its opinion, may assist it to determine the appeal, whether or not that evidence or information would be admissible in a court of law. The Board may determine an appeal without hearing oral evidence from the Appellant. The Board is required, among other things, to comply with the principles of natural justice, and in accordance with the following principles: the principle of providing veterans, their spouses and partners, their children, and their dependants with fair entitlements; the principle of promoting equal treatment of equal claims; the principle of taking a benevolent approach to the

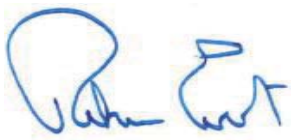
claims; and the principle of determining claims in accordance with substantial justice and the merits of the claim, and not in accordance with any technicalities, legal forms, or legal rules of evidence. The Board, by majority vote, must confirm, modify or revoke the review decision, or make any other decision that is appropriate to the case. If the Board revokes the decision it is required to substitute its decision for that of the RO or require VANZ to make the decision again in accordance with directions it gives to VANZ.

Appeal Board Decision

17. The Board was of the view that the issue for its consideration was essentially one of interpretation of regulation 29(1)(b) of the Regulations. In analysing in detail the requirements of this regulation, the Board formed the view that on an ordinary reading of that regulation (i) there must be a loss of function of the lower extremity (i.e. that part of the body from both hips (including the pelvis) to the toes of both feet); (ii) the loss of function of the lower extremity must affect mobility, and (iii) the loss of function of the lower extremity must be (a) severe and (b) permanent. The Board noted that the condition in regulation 29(1)(a) which satisfies the requirement for "severe lower body mobility impairment" is "amputation of a lower limb", and that the two specific conditions which satisfy "total lower body impairment" are (a) paraplegia, and (b) amputation of both lower limbs. The Board considered that these provisions made it clear that regulation 29(1)(b) relates to losses of function that relate specifically to lower extremities, rather than to losses of functions of or impairments in other body areas that negatively affect a person's ability to utilise their fully functional lower extremities for mobility. In short the Board concluded that regulation 29(1)(b) and (2) relates specifically to severe and permanent loss of function of the lower body, and that the regulation did not extend to including all service related impairments that might affect mobility. In passing the Board considered that this conclusion aligned with the criteria specified in regulation 33.

18. Having had specific regard to all the principles specified in s10(b), and the overarching benevolent intent of the Act, the Board determined that the decision of the RO to uphold the Decision Officer's decision of 18 March 2015 to decline the application for Motor Vehicle Grant was correct and accordingly **confirmed the review decision**

The appeal is dismissed.



Ms Rebecca Ewert, Chairperson

Dr Chris Holdaway, Member

Ms Raewyn Anderson, Member

Dr Hillary Gray, Member

3 October 2016