



Application for the Australian Defence Force Firefighter Scheme

Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA)

What is the ADF Firefighter Scheme?

The Australian Defence Force (ADF) Firefighter Scheme recognises the risks faced by ADF Firefighters who served at RAAF Base Point Cook between 1 January 1957 and 31 December 1986. This group has risked exposure to a wide range of hazardous (and at times unknown) substances during fire suppression training, at a time when personal protective equipment was not of the same standard available today.

What this form asks for

- Personal and service details.
- Any documentation, photos, service records or any other evidence in support of this application.
- If needed, the Department of Veterans' Affairs (DVA) will use the information you provide to request your service records from the Department of Defence to determine your eligibility under this scheme.

Eligibility

- Eligibility under the scheme will be determined primarily on the basis of service records and then by any other evidence relevant to this application.
- You do not need to be sick or have claims with DVA to make this application.
- DVA will notify you of your eligibility under the scheme once determined.
- DVA may request additional information to help determine eligibility if needed.

Proof of identity

Proof of identity may be required before DVA can determine scheme eligibility. See 'Who is eligible?'.

Benefits

- Access to a more beneficial standard of proof under the DRCA for 31 prescribed health conditions.
- Access to DVA's Healthy Lifestyle (Heart Health) program.
- Access to free melanoma and colorectal cancer screening.

Who is eligible?

An applicant who:

- was/is an ADF firefighter, trainee, instructor or other participant in fire suppression training; and
- participated in a fire training course at Royal Australian Air Force Base, Point Cook, Fire Training School during the period 1 January 1957 to 31 December 1986 (inclusive).

Estates of deceased participants who were living on or after 11 May 2021 may also apply.

Claims for compensation

- Claims for compensation for any of the 31 prescribed conditions under this Scheme can be made at any time. However, the beneficial standard of proof can only be applied once eligibility under the scheme is accepted.
- You can lodge a claim through MyService, or through form D2020 *Claim for Rehabilitation and Compensation*, available on DVA's website.
- You will need to provide a copy of your diagnosis with your compensation claim.

Completing this form

- You may not have answers to all the questions on this form. You may be able to skip some questions.
- If completing the form by hand, please use black or blue pen.

PART A**Applicant details** – The person who rendered eligible service**1. Details of the person who rendered the service**

Surname

Given name(s)

Have you been known by any other names?

No ☐Yes ☐▶ Please list the other names
(include all surname(s) and/or given name(s))

Date of birth

Address

POSTCODE

Contact number(s)

Contact email

DVA file number(s)
(if applicable)

Arm of service

Service number

PMKeys number

Date of enlistment

Are you a serving member?

No ☐Yes ☐

▶ Date of discharge

Are you a Reserve Force Member?

No ☐Yes ☐

▶ Date of enlistment

Date of discharge
(if applicable)

PART B**Details of other person making this application**

- 2. Do you want to nominate a representative (such as a family member or advocate) or an organisation to act for you in matters relating to this application?**

OR

Are you the Executor of the deceased participant's estate?

Note: A participant must have been living on 11 May 2021 in order to be eligible for the Scheme.

No ☐ I do not want to nominate a representative, and I am not the Executor of a deceased participant's estate – **Go to PART C**

Yes ☐ I want to nominate a representative – **Go to Question 3**

Yes ☐ I am the Executor of the deceased participant's estate – **Go to Question 4**

3. Representative's details

Surname

Given name(s)

Date of birth

Organisation
(if applicable),
or relationship to
veteran

Address

POSTCODE

Contact number(s)

Contact email

Go to PART C (you do not need to complete Question 4)

4. Executor's details

Surname

Given name(s)

Organisation
(if applicable)

Address

POSTCODE

Contact number(s)

Contact email

Date of death of the participant (dd/mm/yyyy)

PART C	Point Cook Service details (if known)
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5. Details of the participant's fire training at Point Cook 1 January 1957 to 31 December 1986 (if known)	Service number(s)	<input style="width: 90%;" type="text"/>
	Mustering	<input style="width: 90%;" type="text"/>
	Year(s) in which fire training was undertaken	<input style="width: 90%;" type="text"/>
	Fire course type / number	<input style="width: 90%;" type="text"/>

PART D	Provision of Evidence
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6. Please provide any evidence (that you may have) that you feel will support this application.	<p>Evidence may include (but is not limited to) in order of preference:</p> <ol style="list-style-type: none">1. Service Records2. Training Certificates3. Photographs4. Supporting Statutory Declaration from a Scheme eligible participant who can verify your involvement as per the eligibility criteria. Note: DVA cannot determine eligibility based on supporting Statutory Declarations only. DVA must also consider other evidence. <p>Note: You are not required to provide evidence to support your application. However, any evidence you do provide with your application may help guide and expedite the determination process.</p> <p>DVA will ask the Department of Defence for your service records if you do not have them. This is in addition to any other evidence provided by you.</p> <p>DVA can receive evidence via:</p> <ul style="list-style-type: none">• Email – Scanned PDF document(s) can be sent to: Compensation.Claims@dva.gov.au• Mail – Department of Veterans' Affairs GPO Box 9998 Brisbane QLD 4001• By hand to any DVA VAN or State Office
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PART E	Declaration
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7. Declaration You must sign this form yourself if you can – even if someone else has filled it in for you. If someone else signs on your behalf they must provide their authority for signing.	<ul style="list-style-type: none">• I declare that the details provided in this form are complete and correct.• I am aware that there are penalties for making false statements.• I authorise the Repatriation Commission, Military Rehabilitation and Compensation Commission and the Department of Veterans' Affairs to collect the personal information needed to process, determine or review this application.• I consent to the Department of Veterans' Affairs obtaining ADF service records from the Department of Defence, in relation to this application or its review.• I consent to the release of any information relating to this application to the Department of Defence by the Department of Veterans' Affairs.• I understand that if I am a successful applicant, I may be eligible for the Veteran Supplement, and the Department of Veterans' Affairs may collect my financial information to issue this. <p>Full name <input style="width: 90%;" type="text"/></p> <p>Signature <input style="width: 90%;" type="text"/></p> <p>Date <input style="width: 90%;" type="text"/></p>
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Privacy Notice

The Department of Veterans' Affairs (DVA) only collects your personal information where it is reasonably necessary for, or directly related to, one or more of our functions or activities.

In accordance with the *Privacy Act 1988* (Privacy Act), DVA is collecting and using your personal information for the purpose of assessing your eligibility for the Australian Defence Force Firefighter Scheme.

DVA may disclose this personal information to the Department of Defence for the purpose set out above.

DVA will not disclose your personal information to any other third parties unless required or authorised by or under an Australian law or a court/tribunal order.

The DVA Privacy Policy provides further information on how DVA manages and protects your personal information, and is available on our website at <https://www.dva.gov.au/about-us/overview/legal-resources/privacy>

How to submit this form

You can submit this form:

By mail

Department of Veterans' Affairs
GPO Box 9998
Brisbane QLD 4001

By email

You can email your signed form to Compensation.Claims@dva.gov.au

In person at any DVA VAN or State Office.

<http://www.dva.gov.au/location-finder>

To contact the Department of Veterans' Affairs, please call **1800 555 254** or visit <http://www.dva.gov.au/about-us/contact-us>