IMPORTANT

Australian Government
Department of Veterans' Affairs

DVA Rehabilitation & Compensation Claim Checklist

This checklist will help you make sure you haven't missed anything before you submit your claim:

- [ ] **VEA** - Claim for Disability Compensation Payment and/or Application for Increase in Disability Compensation Payment (D2582)

- [ ] **Proof of Identity Documents** - As per the information on page 2 of the claim form - only if applicable, refer to the DVA Claim Information Sheet for details

- [ ] **A statement/contention** should be provided with your claim describing how you think your condition is related to your ADF employment

Supporting Documents - if you're still in the ADF and have access to your documentation, please provide as many of the following documents (relevant to your claim) as you can. This will help us assess your claim as quickly as possible:

- [ ] A copy of your service history (PMKeyS ADO Full Service Record)

- [ ] ADF medical documents from your ADF Medical Record including:
  - Entry Medical board questionnaire
  - Clinical notes
  - Specialists reports
  - Scans/MRI/x-ray reports
  - Discharge medical information

- [ ] Incident report - AC563 (if completed)

- [ ] Witness statement(s) if appropriate

- [ ] Authority to Participate in Civilian Sport (if appropriate)

- [ ] Hazardous Material Exposure Report (if appropriate)

If you've left the service or you don't have access to your documents, we can get this information directly from the ADF, including any discharge information on your behalf.

Don't forget to:

- [ ] Sign the authorisation and declaration on page 13 of the claim form

If you need assistance contact the Department of Veterans' Affairs on **1800 VETERAN (1800 838 372)** during business hours or go to the DVA website **www.dva.gov.au**

Australian Government
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Claim for Disability Compensation Payment and/or Application for Increase in Disability Compensation Payment

A claim and/or an application may be made by:

- a veteran (including a merchant mariner); or
- another person on behalf of a veteran (including a mariner).

If you have a PMKeys number you should consider lodging your claim using DVA's online claim portal MyService. You can find MyService at https://www.dva.gov.au/myservice/#/

It is quick and easy to use.

Important information

The information sought on this form is required to assess your eligibility for a benefit under the *Veterans' Entitlements Act 1986*. The Act requires that a claim be made on this form which has been approved by the Repatriation Commission. Members of the Australian Defence Force who had service on or after 1 July 2004 may be eligible for benefit under the *Military Rehabilitation and Compensation Act 2004*. In such cases form D2051 "Claim for Liability and/or Reassessment of Compensation" should be completed.

Assistance from ex-service organisations

You are strongly encouraged to seek the assistance of an ex-service organisation of your choice in lodging this claim. An ex-service organisation should be able to provide you with advice on how the factors identified in the Statements of Principles may apply in this case. Contact telephone numbers for these organisations can be found in local telephone directories or by contacting the Department of Veterans' Affairs (DVA) office in your State.

Assistance from DVA

DVA staff can also help you to complete this form.

NOTE: It would be to your advantage to have each condition you are claiming properly diagnosed prior to completing this form. This will help to prevent delays in the time taken to process your claim.

The basis for decisions

The decision on whether your disabilities are service-related is based on up-to-date medical and scientific evidence. This information is detailed in the Repatriation Medical Authority's Statements of Principles.

If your claim is for a condition not included in the Statements of Principles, it will be determined based on the best scientific and medical evidence available.

DRCA and MRCA

The administration of the *Safety Rehabilitation and Compensation (Defence–related Claims) Act 1988* (DRCA) was transferred from the Department of Defence to the Department of Veterans' Affairs from 3 December 1999.

The Department of Veterans' Affairs also administers the *Military Rehabilitation and Compensation Act 2004* (MRCA) which was introduced from 1 July 2004.

This means that information you provide in relation to a claim under the *Veterans' Entitlements Act 1986* (VEA) may be used **should it be relevant** to claims under the DRCA and MRCA and vice versa. All access to DVA files is strictly controlled on a "need to know" basis.

This exchange of information is for the purposes of offsetting benefits in dual entitlement cases. Such disclosures of personal information are permitted by the *Privacy Act 1988* as authorised by law.

Proving your identity to DVA

When you lodge a claim with us you must prove your identity. You can establish your identity by providing original documents or certified copies from our approved list. Find out more at **www.dva.gov.au/poi**.

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

Read more: How DVA manages personal information

Giving false or misleading information is a serious offence.

If any of the details you give in this form change, you must tell the Department within 21 days.

How to contact DVA

Please call **1800 VETERAN (1800 838 372)** during business hours.

You can also contact us by mail. Please address your correspondence to:

Department of Veterans' Affairs
GPO Box 9998
Brisbane QLD 4001

PART A Representative's details

To be completed only if you wish to nominate a representative to act for you in matters relating to this application

1 Do you wish to nominate a representative or organisation to act for you in matters related to this claim?

No ☐ ▶ Go to **Question 3**

Yes ☐ ▶ Representative type

☐ Ex-Service Organisation ☐ Legal ☐ Other

Full name

Organisation name *(if applicable)*

Is the representative trained under the Training and Information Program (TIP), or Advocacy Training and Development Program (ATDP)?

No ☐ Yes ☐ ▶ To what level?

Address

POSTCODE

Telephone Home [ ] Work [ ]

Mobile Facsimile [ ]

Email address

PART B Veteran's details

3 DVA file number (if known)

4 Title (Mr, Mrs, Dr etc.)

5 Surname

6 Given name(s)

7 Residential address

POSTCODE

8 Postal address (if same as residential, write 'As Above')

POSTCODE

9 Telephone numbers

Home ( ) Work ( )

Mobile Email address

10 Date of birth (dd/mm/yyyy)

11 Relationship status Married ☐ Single ☐ Widowed ☐ Divorced ☐ De-facto ☐

12 Next-of-kin's name

13 Relationship to veteran

14 Next-of-kin's address

POSTCODE

15 Next-of-kin's telephone numbers

Home ( )

Work ( )

PART C What type of application are you making?

Tick the box or boxes that apply.

A. Claim for disability compensation payment for disabilities that have not yet been accepted as service related

AND/OR

B. Application for Increase in disability compensation payment for previously accepted disabilities (if your already accepted disabilities have worsened)

☐ ▶ **Complete ALL questions** (unless advised differently by question notes)

☐ ▶ **Complete ALL questions from Question 25 onwards** (unless advised differently by question notes)

16 Have you claimed a disability compensation payment or service pension from this Department before?

No ☐ ▶ Go to **Question 18**

Yes ☐ ▶ In which State was the claim lodged?

Year lodged *(if known)*

17 Have you had further service since your last claim?

No ☐ ▶ Go to **Question 20**

Yes ☐ ▶ Go to **Question 18**

PART D Your service details

18 Please provide known details of your service in Australian forces and forces of other countries

If insufficient space, please attach a separate sheet giving the required details

NOTE: The Department of Veterans' Affairs will approach the Department of Defence for full details of your service. The information you provide will ensure the inquiries are directed to the appropriate area within Defence.

Service number	Unit or branch of service *(include part-time reservist)*	Enlistment and discharge dates *(show actual dates, if known)*	Nature of duties
		/ / to / /	
		/ / to / /	
		/ / to / /	
		/ / to / /	
		/ / to / /	

Merchant Mariners only

Name of ship	Rank or grade	Name of owner or manager	Port of registration	Non-Australian ports visited	Voyage dates
					From / /
					To / /
					From / /
					To / /

If insufficient space, please attach a separate sheet

19 Did you serve under any other name? No ☐ Yes ☐ ▶ What was the name?

PART E Details of the NEW disabilities you are now claiming as war or defence caused

If you are not claiming for acceptance of new disabilities go straight to **Question 25**.

To be filled in by the VETERAN

20 List the disabilities you are now claiming and describe the signs and symptoms.

Please provide the diagnosis of the disability, if you know what it is. If you don't know what the diagnosis is, please describe as fully as you can the signs and symptoms that make you notice the disability (for example, pain in lower back, shortness of breath, loss of range of movement in arm).

Do not include any injury or disease already accepted as war or defence caused.

You are requested to ask your doctor to fill in the Medical Practitioner column next to this section before lodging your claim.

Disability 1

Signs and symptoms

How do you believe your service caused, contributed to, or aggravated this disability?

When did you first become aware of the signs and symptoms of the disability, or aggravation of the disability? (approx. date if known)

To be filled in by a MEDICAL PRACTITIONER

For each disability the veteran is claiming, provide a diagnosis indicating whether the diagnosis is final or provisional. A final diagnosis is preferred.

Please supply a brief summary of the basis for each diagnosis. Please attach any reports you have that confirms the diagnosis/es.

The Department will pay you for this service according to *The Schedule of Fees*.

Note: An account must be lodged before payment can be made.

Medical diagnosis

Diagnosis

Basis for diagnosis

When did the veteran first consult you for this condition?

Disability **2**

Signs and symptoms

How do you believe your service caused, contributed to, or aggravated this disability?

When did you first become aware of the signs and symptoms of the disability, or aggravation of the disability? (approx. date if known)

Medical diagnosis

Diagnosis

Basis for diagnosis

When did the veteran first consult you for this condition?

Disability **3**

Signs and symptoms

How do you believe your service caused, contributed to, or aggravated this disability?

When did you first become aware of the signs and symptoms of the disability, or aggravation of the disability? (approx. date if known)

Medical diagnosis

Diagnosis

Basis for diagnosis

When did the veteran first consult you for this condition?

IMPORTANT - So that your claim can be processed quickly:

- please have your doctor provide a diagnosis for each disability you are now claiming; and
- provide all relevant documents you may have relating to the disabilities.

Please attach a separate sheet if you wish to claim for more than three (3) disabilities at this time.

Doctor's stamp (or address and telephone number)

( )

VRGP ☐ Non VRGP ☐

Doctor's signature

/ /

Payment for your account for this service can only be made after this form has been received.

PART F Tobacco and Alcohol

IMPORTANT - Some conditions may be caused, contributed to, or aggravated by tobacco or alcohol consumption. If tobacco or alcohol consumption is relevant to any of the conditions you are now claiming, more information may be needed by the person handling your claim. Please tick the relevant boxes below so that the correct questionnaire can be sent to you or your representative.

21 Have you ever smoked? No ☐ Yes ☐ ▶ What type of tobacco product did the veteran use?

Cigarettes ☐
Pipe ☐
Cigars ☐
Tobacco ☐

22 Have you filled out a smoking questionnaire previously? No ☐ Yes ☐ Can't remember ☐

23 Have you ever consumed alcohol? No ☐ Yes ☐

24 Have you filled out an alcohol questionnaire previously? No ☐ Yes ☐ Can't remember ☐

PART G Reasons for this application for increase

To be completed only if previously accepted disabilities have become worse.

25 Which of your accepted disabilities have become worse since they were last assessed by the Department and in what way?

If insufficient space, please attach a separate sheet.

PART H Details of your medical treatment

26 Provide details of doctors and hospitals who have provided treatment or consultation for the disabilities which have been accepted as service related or those you are now claiming.

Disability treated	Date of treatment	Name of doctor/hospital etc.	Type of treatment or consultation provided *(e.g. GP, specialist)*
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

If insufficient space, please attach a separate sheet.

YOUR LOCAL MEDICAL PRACTITIONER'S DETAILS

27 Provide details of your local medical practitioner *(not the specialist)* **who will provide ongoing treatment.**

Local medical practioner's name

Address

POSTCODE

Telephone

( )

PART I Details of your employment history (other than your service)

Please complete this section even if you are retired.

28 Are you currently employed?

No ☐ ▶ Date ceased work

/ /

Reason for ceasing work *(e.g. age, illness, redundancy)*

Yes ☐ ▶ Name of current employer

How many hours per week do you work?

29 **Provide details of your employment history other than your service for the last 10 years or since your last claim.**

From (year)	To (year)	Type of work	Name and address of employer

If insufficient space, please attach a separate sheet.

30 **Have the disabilities you are now claiming affected your employment or your ability to seek employment at any time?**

No ☐
Yes ☐ ▶ Please give details

If insufficient space, please attach a separate sheet.

PART J Other payments

If you lodge a claim for any other pension, benefit or allowance while this claim is being processed, you MUST advise the Department of Veterans' Affairs.

31 Do you receive, or have you applied for, any payment (e.g. the age pension from Centrelink), other than superannuation?

(Family Allowances are not required but other Centrelink payments must be included).

No ☐
Yes ☐ ▶ Give details below

Type of benefit or pension	Name and address of source	Date of claim	Reference No. *(if known)*
		/ /	
		/ /	
		/ /	
		/ /	

If insufficient space, please attach a separate sheet.

PART K Compensation

32 Have damages/compensation been claimed or received from any other source for any of the disabilities you are now claiming (e.g. Comcare, Department of Defence, third party accident insurance)?

No ☐
Yes ☐ ▶ Give details below

Nature of injury or disease	Name and address of source	Date of claim	Reference No. *(if known)*
		/ /	
		/ /	
		/ /	

If insufficient space, please attach a separate sheet.

PART L Disability Compensation Payment (formerly known as disability pension)

33 **Do you currently receive a Disability Compensation Payment (formerly known as disability pension) from the Department of Veterans' Affairs?**

No ☐ ▶ Go to **Question 34**

Yes ☐ ▶ Go to **Question 35**

IMPORTANT - If a disability compensation payment is granted, it will be paid fortnightly into an account at an Australian bank, credit union or building society.

34 **Provide details of the Australian account you want your disability compensation payment to be paid into**

Name of bank, credit union or building society

Branch

Address

POSTCODE

Account in the name of

Account number

BSB number

Account type (e.g. savings)

Please complete Part M and Part N over page.

PART M Declarations

Complete (a) OR (b) - A representative is not required to sign this form unless they are legally authorised to act for a claimant who is incapable of signing due to their physical or mental incapacity.

35 (a) No representative appointed

- I declare that the details I have given in this form are complete and correct.
- I am aware that there are penalties for making false statements.
- I authorise the Repatriation Commission and the Department of Veterans' Affairs to obtain medical or other information needed to process, determine or review this claim.
- I consent to the release of medical, clinical or other information to the Department by any medical practitioner, hospital, clinic, insurance company, Centrelink, the Department of Defence or other organisation, in relation to this claim or its review.

The authority to obtain information relevant to your claim is contained in the provisions of the *Military Rehabilitation and Compensation Act 2004* (MRCA), *Veterans' Entitlements Act 1986* (VEA) and the *Safety, Rehabilitation and Compensation (Defence–related Claims) Act 1988* (DRCA). I authorise the Department to consider my claim under one or more of the Acts above. I understand the information sought on the claim form is required to assess my eligibility for compensation under all Acts (VEA, DRCA and MRCA) that may be applicable to the injury or disease which I am now claiming.

* Claimant's full name (please PRINT)

* Claimant's signature ✍ / /

35 (b) Representative appointed

- I declare that the details I have given in this form are complete and correct.
- I am aware that there are penalties for making false statements.
- I authorise the Repatriation Commission and the Department of Veterans' Affairs to obtain medical or other information needed to process, determine or review this claim.
- I authorise the nominated representative or organisation to act for me in respect of this claim and any reviews in respect of this or subsequent decisions. This authorisation will continue until I:
  - revoke this authorisation; or
  - nominate another representative or organisation to act for me.
- I consent to the release of medical, clinical or other information to the Department by any medical practitioner, hospital, clinic, insurance company, Centrelink, the Department of Defence or other organisations, in relation to this claim or its review.

The authority to obtain information relevant to your claim is contained in the provisions of the *Military Rehabilitation and Compensation Act 2004* (MRCA), *Veterans' Entitlements Act 1986* (VEA) and the *Safety, Rehabilitation and Compensation (Defence–related Claims) Act 1988* (DRCA). I authorise the Department to consider my claim under one or more of the Acts above. I understand the information sought on the claim form is required to assess my eligibility for compensation under all Acts (VEA, DRCA and MRCA) that may be applicable to the injury or disease which I am now claiming.

* Claimant's full name (please PRINT)

* Claimant's signature ✍ / /

* If the veteran is unable to sign, due to physical or mental incapacity, the Declaration must be signed by the person signing the Authority to act on behalf of the claimant at **Question 36** over the page.

PART N Authority to act on behalf of a claimant

36 Details of the person who is legally authorised to act on behalf of the claimant who is unable to sign this claim and/or application.

NOTE: The person will usually be appointed by an enduring power of attorney to manage the affairs of the claimant or a family member or friend acting on their behalf, or will hold a medical certificate attesting to the incapacity.

Full name

Address

POSTCODE

Telephone Home ( ) Work ( )

I declare that I am authorised to act on behalf of the claimant in matters relating to this claim and that the claimant is unable to sign due to physical or mental incapacity.

IMPORTANT - Please attach a copy of the instrument conferring this authority e.g. enduring power of attorney or a medical certificate attesting to the person's incapacity to sign. This information will be evaluated by the delegate for the purposes of approval.

Type of authority (e.g. power of attorney)

Signature of authorised person (you must also sign the Declaration at **Question 35**)

 / /

To help ensure that pensions and benefits are received only by eligible persons, we compare our records with those of other government agencies, such as:

- the Department of Social Services;
- Centrelink; and
- the Australian Taxation Office.

All matching programs are monitored by the Privacy Commissioner who ensures they are conducted in accordance with the *Data Matching Program (Assistance and Tax) Act 1990* and Guidelines.

Collection of tax file numbers is authorised under Section 128A of the *Veterans' Entitlements Act 1986*.

It is not an offence if you choose not to supply your tax file number, but if you do not, you may not receive certain pensions and benefits from this Department.

Exemptions from the requirement to provide a tax file number may be granted because of specific individual circumstances where it would cause undue stress or disadvantage to comply.

If you wish to discuss and apply for an exemption from providing your tax file number, you should contact the Department of Veterans' Affairs (DVA).

Further information on DVA's collection and use of Tax File numbers can be found at:
https://www.dva.gov.au/about-us/overview/reporting/information-publication-scheme/your-tax-file-number

If you do not have a tax file number and are not eligible for an exemption you will need to apply for a tax file number through the Australian Taxation Office.

Access to your tax file number is restricted. If you wish to apply for a tax file number, or lose or forget your number, DVA can help you to get your tax file number from the Australian Taxation Office - you will need to complete a Tax file number application or enquiry form **NAT1432**.

How to contact DVA

Please call **1800 VETERAN (1800 838 372)** during business hours.

You can also contact us by mail.
Please address your correspondence to:

Department of Veterans' Affairs
GPO Box 9998
Brisbane QLD 4001

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