



Application to register for the F-111 SHOAMP Health Care Scheme Group 1 participants

Note: You must first submit a claim for an F-111 Tier classification before completing this form.
**F-111 Tier classification provides recognition of the level of your involvement in F-111
deseal/reseal and fuel tank maintenance work (see section A).**

Important information

The information provided in this form will be used to determine your eligibility for assistance under the F-111 Study of Health Outcomes in Aircraft Maintenance Personnel (SHOAMP) Health Care Scheme.

Who is eligible?

The following personnel are eligible for treatment and counselling as a Group 1 participant:

- Personnel involved in the F-111 deseal/reseal training conducted in Sacramento, USA;
- Personnel, including supervisors, involved in the formal F-111 deseal/reseal programs;
- Personnel involved in the regular burning or disposal of F-111 deseal/reseal products;
- Personnel involved in ad hoc 'pick and patch' fuel tank maintenance on F-111 aircraft prior to January 2000;
- Personnel involved in other maintenance or directly related tasks prior to January 2000 where their work required physical entry to an F-111 fuel tank to conduct that maintenance or task;
- Personnel who dismantled and/or disposed of the canvas from the Air Transportable Deseal/Re seal Hangar (the 'Rag Hangar');
- Personnel whose primary place of duty was within the deseal/reseal hangars or the Air Transportable Deseal/Re seal Hangar (the 'Rag Hangar') at RAAF Base Amberley during one or more of the formal deseal/reseal programs;
- Personnel employed in Engine Test Cell No 1 during the period 1976-86;
- Fuel farm workers and personnel involved in the transport, delivery and handling of F-111 deseal/reseal products including SR51/51A. These workers and personnel must have regularly performed duties of supply and disposal of F-111 deseal/reseal products;
- Personnel immersed in the Warrill Creek Settling Pond at RAAF Base Amberley; and
- Work Experience students at Hawker de Havilland who worked inside the tanks.

The following personnel are eligible for counselling as a Group 2 participant:

- The immediate family members of Group 1 participants; and
- Service personnel and civilian employees who are not covered by the Group 1 definition but were employed at RAAF Base Amberley during the F-111 deseal/reseal programs (the 1st and 2nd deseal/reseal programs 1977-82 and 1991-93; the spray seal program 1996-99; and the wings deseal/reseal program 1985-92).

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 about how DVA manages personal information at
<https://www.dva.gov.au/about-us/overview/legal-resources/privacy>

Giving false or misleading information is a serious offence.

How to contact DVA

For information, please call F-111 Health Care from anywhere in Australia on:

1800 VETERAN (1800 838 372)

Information is also available on the F-111 website:

<https://www.dva.gov.au/financial-support/compensation-claims/claims-f-111-workers>

Where to lodge this claim

This claim must be lodged with the Department of Veterans' Affairs. Please refer to **page 4, Section G** for information.

Please use a **black** or **blue** pen to complete this form.

SECTION A**Tier Classification details**

1 Have you applied for a Tier classification?

No ☐ ►

You must have your Tier classification determined before submitting this form. Complete form D9021 at

<https://www.dva.gov.au/sites/default/files/dvaforms/d9021.pdf>

Yes ☐ ► **Go to question 2**

2 What was the decision regarding your Tier classification?

Granted Tier 1 classification ☐

Granted Tier 2 classification ☐

Granted Tier 3 classification ☐

No Tier classification recognised,
Group 1 eligibility determined ☐

No Tier classification recognised,
Group 1 eligibility rejected ☐ ►

You are not eligible for SHOAMP Health Care Scheme Group 1 Status.

Please complete the SHOAMP Health Care Scheme Group 2 form (D9204) if you think you may meet the Group 2 definition.

SECTION B**Participant's Details**

3 Surname

4 Given name(s)

5 Sex

Male ☐ Female ☐ Transgender ☐

6 Date of birth

7 Service number (if applicable)

8 Street Address

POSTCODE

9 Postal Address
(if different from above)

POSTCODE

10 Telephone numbers

Home

Work/Mobile

11 E-mail address

12 What is your current status?

Current ADF member ☐

Ex-ADF member ☐

Civilian ☐

SECTION C**Compensation claim details**

13 Do you wish to receive medical treatment through the SHOAMP Health Care Scheme?

No ☐ ► You are able to receive access to counselling and other health programs through VVCS - Veterans and Veterans Families Counselling Service.
Go to Section E.

Yes ☐ ► To receive medical treatment under the SHOAMP Health Care Scheme, you must submit a claim for compensation. Contact the relevant compensation authority for the appropriate form:

- Department of Veterans' Affairs: **1800 VETERAN (1800 838 372)**,
<https://www.dva.gov.au/sites/default/files/2021-08/d2020.pdf>
Form D2020 - Claim for Rehabilitation and Compensation
- WorkCover Queensland: **1300 362 128**,
<http://www.workcoverqld.com.au> OR
- Comcare: **1300 366 979**,
<http://www.comcare.gov.au>

Please list the condition(s) for which you have claimed compensation: ▼

(If insufficient space, attach a separate sheet)

SECTION D**Bank account details for reimbursements**

14 Please provide your bank account details for reimbursement of medical expenses that you may be entitled to via Electronic Funds Transfer (EFT)

Name of Account (must be in your name or joint name)

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Branch (BSB) number

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Account number

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Name of bank, credit union or building society

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Branch location

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SECTION E**Better Health Program**

The Better Health Program provides eligible participants with access to cancer screening for colorectal cancer and melanoma and disease prevention information on erectile dysfunction, depression and anxiety. If you are assessed as a Group 1 participant or have been granted Tier classification, you are eligible to participate in the Better Health Program.

15 Do you wish to participate in the Better Health Program?

No ☐ ► **Go to Section F**

Yes ☐ ► DVA will write to you to provide information on the Better Health Program.

SECTION F**Group 2 application form for partners and children**

If your application is approved and you are assessed as a Group 1 participant, your partner and child/ren will be eligible to apply as a Group 2 participant of the SHOAMP Health Care Scheme. Group 2 participants can receive access to counselling sessions through the VVCS - Veterans and Veterans Families Counselling Service.

16 Do you have a partner or child/ren who wish to apply for the SHOAMP Health Care Scheme?

No ☐ ► **Go to Section G**

Yes ☐ ► We will send out Group 2 application forms to your address

Number of forms required:

SECTION G**Declarations and consent**

- I declare that the details provided in this form are complete and correct.
- I am aware that there are penalties for making false statements or giving misleading information.
- I consent to the release of medical, clinical and other information to the Department of Veterans' Affairs by all medical practitioners, hospitals, clinics, insurance companies, Centrelink, the Department of Defence or other organisations, in relation to this claim or its review.

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 a document that proves their authority to sign on your behalf.

Signature

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If you require help filling in this form, please call **1800 VETERAN (1800 838 372)** during business hours.

Before returning this form please check the following

Have you signed the declaration above and checked this form carefully? ☐

Have you filled in all the parts that apply to you? ☐

Have you attached any additional supporting/required documentation? ☐

Please send completed form to:

**F-111 SHOAMP Health Care Scheme
GPO Box 9998
Brisbane, QLD, 4001**