



Request for Reviews under Sections 31 and 136 of the Veterans' Entitlements Act 1986 (VEA) and Sections 347 and 352 of the Military Rehabilitation and Compensation Act 2004 (MRCA)

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. www.dva.gov.au/site-information/privacy/privacy-notice](http://www.dva.gov.au/site-information/privacy/privacy-notice)

Part A

Applicant's Details

1. DVA file number (if known)	<input type="text"/>				
2. Your surname	<input type="text"/>				
3. Your given name(s)	<input type="text"/>				
4. Postal address	<input type="text"/> <input style="text-align: right; font-size: small; font-weight: normal; padding-right: 20px;" type="text"/> POSTCODE				
5. Telephone number(s)	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Home <input style="width: 90%;" type="text"/></td> <td style="width: 50%;">Work <input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Mobile <input style="width: 90%;" type="text"/></td> <td>Facsimile <input style="width: 90%;" type="text"/></td> </tr> </table> <p>Email address <input type="text"/></p>	Home <input style="width: 90%;" type="text"/>	Work <input style="width: 90%;" type="text"/>	Mobile <input style="width: 90%;" type="text"/>	Facsimile <input style="width: 90%;" type="text"/>
Home <input style="width: 90%;" type="text"/>	Work <input style="width: 90%;" type="text"/>				
Mobile <input style="width: 90%;" type="text"/>	Facsimile <input style="width: 90%;" type="text"/>				

Part B

Representative Details

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

6. Do you wish to nominate a representative or organisation to act for you in matters relating to this application?	<p>No <input type="checkbox"/> ► Go to PART C</p> <p>Yes <input type="checkbox"/> ► Full name of nominated representative <input type="text"/></p> <p>Organisation (if applicable) <input type="text"/></p> <p>Address <input type="text"/> <input style="text-align: right; font-size: small; font-weight: normal; padding-right: 20px;" type="text"/> POSTCODE</p> <p>Telephone</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Home <input style="width: 90%;" type="text"/></td> <td style="width: 50%;">Work <input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Mobile <input style="width: 90%;" type="text"/></td> <td>Facsimile <input style="width: 90%;" type="text"/></td> </tr> </table> <p>Email address <input type="text"/></p>	Home <input style="width: 90%;" type="text"/>	Work <input style="width: 90%;" type="text"/>	Mobile <input style="width: 90%;" type="text"/>	Facsimile <input style="width: 90%;" type="text"/>
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