



Use this form to apply for health care if you have been diagnosed with cancer (malignant neoplasm) or tuberculosis and served:

- during World War 2;
- on operational service (including warlike and non-warlike service since 1 July 2004);
- on peacekeeping service;
- on hazardous service; or
- on some peacetime service between 7 December 1972 and 6 April 1994.

DVA will use the information on this form to assess your eligibility for this treatment. If we do not have documents that prove your identity, you may have to provide them to us with this form. If you are unsure about this you should contact DVA to ask us. Contact information is provided at the end of this form. If you need to know what documents will prove your identity you should call us or go to <http://factsheets.dva.gov.au> and read Factsheet DVA06 "Proving your identity to DVA".

Your details (please write in BLOCK letters)

1: Title Mr Mrs Ms Other

2: Surname

3: Given name(s)

4: Date of birth (dd/mm/yyyy)

5: Address
(including postcode)

 POSTCODE

6: Postal address
(if different from above)

 POSTCODE

7: Contact details

Home telephone Work telephone

Mobile telephone E-mail address

8: DVA File number (if applicable)

9: Banking details **Provide your banking details here to add/change your payment destination**

Bank name BSB

10: Account details Account in the name of Account number

11: Account branch/location

Details of Service in the Australian Forces

12:	Name on enlistment <i>(if different from name above)</i>	<input type="text"/>
13:	Unit or Branch of service	<input type="text"/>
14:	PMKeyS or Service number	<input type="text"/>
15:	Date enlisted	<input type="text" value="/ /"/>
16:	Date discharged	<input type="text" value="/ /"/>
17:	Place of overseas service <i>(if applicable)</i>	<input type="text"/>

Details of treating Medical Practitioners

18:	Local Medical Officer's Details	Full name	<input type="text"/>
		Work telephone	<input type="text" value="[]"/>
		Address	<input type="text"/>
			POSTCODE
19:	Specialist's Details	Full name	<input type="text"/>
		Work telephone	<input type="text" value="[]"/>
		Address	<input type="text"/>
			POSTCODE

Declaration and Authorisation to release personal information

I declare that I am the person named in the application and that the answers given by me are true and correct to the best of my knowledge.

I authorise the Department of Veterans' Affairs (DVA) to collect:

- my service details from the Department of Defence; and
- my medical and other information relevant to determining whether I am diagnosed with cancer (malignant neoplasm) or tuberculosis from any medical practitioner, hospital, clinic, health service provider, insurance company, Centrelink, the Department of Defence or other organisation, as required to determine my application.

I consent to the release of my personal information by the above third parties and understand that this form may be used by DVA to access my medical records.

I understand that if I am serving member at the time of my application, DVA will need to advise the Department of Defence about my application for treatment under Non-Liability Health Care arrangements and I consent to this occurring.

Signature of veteran

Date

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.](#)

Diagnostic Report (To be completed by the diagnosing GP or Specialist)

Veteran name

Veteran date of birth

The above veteran may be eligible for treatment benefits at DVA expense if cancer (malignant neoplasm) or tuberculosis is diagnosed regardless of a relationship between the condition and the veteran's service. Treatment benefits will not be paid by DVA until a diagnosis of cancer (malignant neoplasm) or tuberculosis has been obtained from a medical practitioner.

Has the veteran been diagnosed with a Malignant Neoplasm (Cancer)?

 No Yes

Is this diagnosis a final diagnosis or a request for provisional eligibility?

Final Provisional

Please specify type of cancer and site:

Has the veteran been diagnosed with Tuberculosis?

 No Yes

Comments

Details of Medical Practitioner providing advice

Provider signature

Provider full name

Provider stamp/details

To contact DVA, please address your correspondence to:
Department of Veterans' Affairs
GPO Box 9998
Brisbane QLD 4001
OR telephone: 1800 555 254