



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:

**Claim form relevant to your service dates and date of injury:**

- DRCA: Claim for Rehabilitation and Compensation (D2020)
- Injury or Disease Details Sheet at the end of this form completed and signed by a medical practitioner (see Q10).

**NOTE:** To help prevent delays in processing your claim and prior to lodging this form, it is essential that you complete and attach a separate injury or disease details form for every injury or disease you have listed at Question 10. A medical practitioner should then complete the medical practitioner portion of the form and provide a diagnosis for the same injury or disease listed at Question 10. If you need more injury or disease details forms you can photocopy a blank form or download them from the DVA website [www.dva.gov.au](http://www.dva.gov.au) or phone DVA on 1800 VETERAN (1800 838 372).

- Proof of Identity Documents** - As per Information Sheet (on pages 3 and 4 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
- Your most recent SVA/ADF payslip
- 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 11 of the claim form

**Please ensure you have obtained a diagnosis prior to lodging the claim form.**

If you need assistance contact the Department of Veterans' Affairs on 1800 VETERAN (1800 838 372) or go to the DVA website [www.dva.gov.au](http://www.dva.gov.au)



**Australian Government**  
**Department of Veterans' Affairs**

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

**Claim for Rehabilitation and Compensation**

**For use by current and former members of the Australian Defence Force including Reserve Forces and Cadets**

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.

**This form asks about**

- **your personal details**
- **your injury, disease or illness**

If your claim is for damage to personal property (e.g. prescription spectacles or an artificial limb) please contact your nearest DVA office - see page 2 for contact details.

**Completing this form**

Not all the questions in this form will apply to you. You will be able to **skip questions or parts** of the form which don't apply.

Please **tick** the appropriate boxes.

Please use a **blue or black pen**.

**Proof of identity**

You will need to provide proof of your identity before any payments could be paid to you if it is determined that there is liability to pay you compensation under the DRCA Act.

**NOTE:** To help prevent delays in processing your claim and prior to lodging this form, it is essential that you complete and attach a separate injury or disease details form for every injury or disease you have listed at Question 10. A medical practitioner should then complete the medical practitioner portion of the form and provide a diagnosis for the same injury or disease listed at Question 10. If you need more injury or disease details forms you can photocopy a blank form or download them from the DVA website: [www.dva.gov.au](http://www.dva.gov.au) or phone DVA on 1800 VETERAN (1800 838 372).

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## 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](#)

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## How to contact DVA

For information, please call the Department of Veterans' Affairs on **1800 VETERAN (1800 838 372)**.

### DVA postal address

DVA  
GPO Box 9998  
Brisbane QLD 4001

### Web address

#### DVA Internet

<https://www.dva.gov.au/financial-support/compensation-claims/claims-if-you-served-1-july-2004/drca>

### ADF Health Records

#### Defence Internet

<http://www.defence.gov.au/records/ExService.asp>

## Proving your identity to DVA

### Automatic proof of identity for members who joined the ADF from 1 January 2016 and/or separated from 27 July 2016.

If you are a current or former serving member who has joined the permanent forces or commenced a period of Continuous Full-Time Service from 1 January 2016 and/or separated from 27 July 2016, your proof of identity is automatically established. DVA will rely on the identification and security clearance procedures used by the ADF to satisfy DVA identity requirements. Under this arrangement, you will not need to provide any documentation, such as ADF Identification card or documents from Category A, B or C. There may be limited circumstances where a full POI check will be required.

### Streamlined process for current serving members and reservists who hold a valid purple Australian Defence Force (ADF) identification (ID) card.

If you are a current serving member or a reservist who holds a current, valid purple ADF ID card, you can access a streamlined proof of identity process. This streamlined process allows you to prove your identity to DVA where you lodge a claim in person with the Department by simply presenting your ADF ID card to a DVA staff member for authentication. They will then take a certified copy of your card to include with your claim.

When you lodge a claim with DVA, you must show documents from the Category A and B lists below which prove your identity.

You must show original documents or true and certified copies of these documents. (See 'Who can certify copies of documents' on page 4.)

If you mail your claim and originals of your proof of identity documents, your documents will be returned by registered post.

From the lists of Category A and B documents on this page, you must provide **3 different documents** with 1 document from Category A and two documents from Category B. If none of the documents you produce to satisfy Category A or B provide evidence of your current residential address, then you must also produce a document from Category C:

**A B B**      OR      **A B B C**

If any of the documents are in a previous name, you must provide an additional document which shows how your name was changed (e.g. a marriage certificate).

### Category A documents

Documents from Category A provide proof of birth or arrival in Australia

- Australian passport (current) - not to be used concurrently as a Category B document
- Full Australian birth certificate
- Record of Immigration Status
- Foreign passport and current Australian Visa
- Travel document and current Australian Visa
- Certificate of Evidence of residential status
- Citizenship Certificate

### Category B documents

Documents from Category B provide evidence of your identity existing in the community

- Australian driver's licence (current and original)
- Australian passport (current) - not to be used concurrently as a Category A document
- Australian passport (current)
- Australian Defence Force (ADF) identification card (current)
- Firearms licence (current and original)
- Current overseas passport with valid entry stamp or visa
- Medicare card
- Change of name certificate (for marriage or legal name change - showing link with previous name(s))
- Credit or bank account card
- DVA card
- Security Guard/Crowd Control licence
- Australian marriage certificate issued by a government department
- Tertiary identification card

### Category C documents

Documents from Category C provide evidence of residential address or residence in a Nursing Home or Residential Care Facility

- Utilities notice
- Rent details
- Document from Nursing Home or Residential Care Facility that provides evidence of residence

### If you don't have the right documents

Other documents may be acceptable. Contact your nearest DVA or VAN office.

## Who can certify copies of documents?

When you lodge a claim with DVA, you must provide documents as proof of identity. In response to some questions on the forms, you will also have to provide documents (such as financial documents).

If you provide **original** documents, your documents will be sighted and verified by a DVA officer and returned to you by registered post.

If you provide copies of your documents, they must be **certified copies** (certified as true by a Justice of the Peace or other person as listed below). The person certifying the copies must see the original documents.

Note: DVA employees with 5 years continuous service can certify your documents as true copies and will do so without charge.

### Persons who can certify copies include:

- Justice of the Peace
- Commissioner for Declarations
- permanent employee of:
  - the Commonwealth or of a Commonwealth authority, or
  - a State or Territory or of a State or Territory authority, or
  - a local government authoritywith 5 or more years of continuous service
- member of the Australian Defence Force who is:
  - an officer; or
  - a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or
  - a warrant officer within the meaning of that Act.
- permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
- agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- bank officer with 5 or more continuous years of service
- building society officer with 5 or more years of continuous service
- credit union officer with 5 or more years of continuous service
- finance company officer with 5 or more years of continuous service
- Member of the Association of Taxation and Management Accountant
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
- Minister of religion registered under Division 1 Part IV of the *Marriage Act 1961*
- police officer
- chiropractor
- dentist
- legal practitioner
- medical practitioner
- nurse
- pharmacist
- physiotherapist
- veterinary surgeon
- teacher employed on a full time basis at a school or tertiary education institution.

A full list of who can certify documents can be found at:

<http://www.legislation.gov.au/Details/F2018L01296>

### If you ask someone to certify copies of your documents, you must make sure that:

- the person certifying is on the above list
- they use the wording “CERTIFIED TRUE COPY”
- they sign and date the copy
- they print their name, address, business hours phone number and profession or qualification to sign or if the certifying officer is a Justice of the Peace or a Commissioner for Declarations they should provide their name and relevant registration number including state/territory of registration

**PART 1****About You****1. Your full name**

Surname

Given name(s)

Previous name (if applicable)

**2. Gender**Male  Female  Gender X **3. Date of birth (dd/mm/yyyy)****4. DVA File number****5. Residential address**

POSTCODE

**6. Postal address (if same as residential, write 'AS ABOVE')**

POSTCODE

**7. Telephone numbers**Work ( )  Home ( ) Mobile Email address **8. Is another person acting for you in relation to this claim?**No Yes  Representative's name

Representative's address

Postcode

Representative's telephone number

**9. Your service details**Service No./PMKeys No.  Date of enlistment 

If you have other periods of service in the Australian Defence Force, please attach further details.

Are you a Serving Member?

No  Date of discharge 

Reason for discharge

Rank  Pay level Yes  Are you being discharged soon?Yes  Likely discharge date No Current posting (if still serving)  Last posting (if discharged)

Are you a Reserve Force Member?

No  Yes  ► Contact details of your reserve unit

Have you ever claimed with the Department of Veterans' Affairs before?

No  Yes  ► Claims reference numbers

For how many injuries, diseases or illnesses are you now claiming compensation?

## PART 2

## About your Injury, Disease or Illness



To assist in determining this claim:

- Serving members should provide all entry medical documents and all relevant medical evidence supplied by the Area Medical Officer and/or treating medical practitioner.
- Defence Force Reserve members should provide entry medical documents and all relevant medical evidence supplied by the Area Medical Officer and/or treating medical practitioner, as well as current medical evidence concerning the claimed injury, disease or illness.
- Discharged members should provide all relevant service medical documents including entry and discharge documents, as well as current medical evidence concerning the claimed injury, disease or illness.

### 10. Injury, disease or illness details

Please complete an injury disease sheet for every condition.

For what injury, disease or illness are you claiming?

What part of your body is affected? e.g., left arm, neck, lower back

When did the injury happen or when did you first notice the disease or illness?

DATE

TIME

 /  /  am/pm

On what date did you first receive medical treatment for this injury, disease or illness?

 /  / 

Did you report your injury, disease or illness to your supervisor?

No  Yes  ► Name of your supervisor

Date reported

  
 /  / 

Has an incident report been completed?

No  Yes  ►



Please attach a copy of the incident report

Have you ever suffered a similar injury, disease or illness in the past?

No  Yes  ►



Please attach a detailed statement

Have you ever claimed compensation before for a similar injury, disease or illness?

No  Yes  ►



Please attach a statement setting out:  
• date of claim;  
• party claimed against.

**NOTE:** To help prevent delays in processing your claim and prior to lodging this form, it is essential that you complete and attach a separate injury or disease details form for every injury or disease you have listed at Question 10. A medical practitioner should then complete the medical practitioner portion of the form and provide a diagnosis for the same injury or disease listed at Question 10. If you need more injury or disease details forms you can photocopy a blank form or download them from the DVA website: [www.dva.gov.au](http://www.dva.gov.au) or phone DVA on 1800 VETERAN (1800 838 372).

### 11. Details of what happened

If you are claiming for an **injury**, go to **PART 3**

If you are claiming for a **disease** or **illness**, go to **PART 5**

## 12. Injury information details

Where did the injury happen? Please tick the appropriate box.

- At work - working at normal workplace
- At work - road traffic accident
- At work - on break
- Commuting/Journey - you must also complete **PART 4**
- Away from work during "recess" period (e.g., lunch break)
- At work - working away from normal workplace
- Other - please specify

What task was being performed when you sustained the injury?

*e.g., jacking up a Land Rover to change a tyre, cleaning a rifle, playing sport.*


How did the injury occur?

*e.g., the jack slipped on loose gravel causing the Land Rover to fall on my leg; the rifle discharged and injured my right big toe.*


What machinery, equipment, substances or items (if any) were being used at the time of injury?

*e.g., a Land Rover, a Steyr rifle.*


Where did the injury occur?

Country	State/Territory	City/Town	Physical location (e.g., barracks, building, oval)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Where were you posted at the time of injury?



If there were witnesses to the injury, please supply (a) supporting witness statement(s).



**Go To PART 6**

IF YOUR INJURY HAPPENED WHILE ON A JOURNEY, PLEASE ALSO COMPLETE **PART 4** OF THIS FORM



**PART 4****About your Journey**COMPLETE **PART 4** ONLY IF YOUR INJURY  
HAPPENED WHILE ON A JOURNEY

Please attach a sketch or map of the route taken or intended

**13. When was the journey?** During working hours Before or after work**14. What were your official hours of duty  
on the day of the accident?**From  :  hrsTo  :  hrs**15. Where were you travelling from?** Workplace Home Other - please specify**16. What time did you leave?** am/pm**17. What time did you expect to arrive?** am/pm**18. Where were you travelling to?** Workplace Home Other - please specify**19. What means of transport was used?****20. What were you at the time of the  
injury?** The driver A passenger A pedestrian**21. Was the journey interrupted for any  
reason?**No  Yes  ►Please attach a detailed statement setting out  
reasons for the interruption**22. Did you take a route other than the  
direct one between the start and  
finish of your journey?**No  Yes  ►Please attach a detailed statement if the route  
was not direct**23. Did the police attend the accident?**No Yes  ► From which police station? **Go To PART 6**

<b>PART 5</b>	<b>About your Disease or Illness</b>
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**24. Disease or Illness information details**

What aspects of your employment do you think contributed to your disease or illness? (Please attach a separate statement if necessary).


<b>PART 6</b>	<b>About Common Law damages</b>
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**25. Have you claimed, or do you intend to claim, Common Law damages either against the Commonwealth or a Third Party in relation to this accident or injury?** For further information please refer to [www.dva.gov.au/common-law-action](http://www.dva.gov.au/common-law-action)

No  Yes

<b>PART 7</b>	<b>About other Commonwealth income</b>
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**26. Are you already receiving, or have you previously received, other income from the Australian Government in relation to this injury, disease or illness?**

No  Yes  ▶ Please state type of income

*File No.*

- ▶  Centrelink benefits
- ▶  DFRDB or MSBS
- ▶  Veterans' Entitlements Act benefits


<b>PART 8</b>	<b>About benefits you are seeking</b>
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**27. If it is determined that there is liability to pay you compensation, what benefits will you be seeking?**

**IMPORTANT:** if liability is accepted you may be entitled to a supplement allowance paid fortnightly into an account at an Australian bank, credit union or building society.

- Permanent Impairment Lump Sum (for permanent physical or psychological disability due to your "compensable" condition).
- Weekly Benefits (if you are unfit for work and lose pay due to your "compensable" condition).
- Medical expenses (for treatment of your "compensable" condition).
- Household Services (if you need help in your home or garden because of your "compensable" condition)
- Attendant Care Services (if you need help with personal care e.g., bathing, dressing, feeding etc. because of your "compensable" condition).
- Other - please specify what it is you need.


**28. Provide details of the Australian account you want your benefit to be paid into**

Name of bank, credit union or building society Branch

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Address

POSTCODE

Account in the name of

--

Account number

BSB number

--	--

Account type (e.g. savings)

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**29. If you are claiming for a mental health condition, are currently unable to work more than eight hours per week and require financial assistance, you may be eligible for veteran payment.**

Veteran payment provides financial assistance while your liability claim for a mental health condition is determined. For further information refer to [www.dva.gov.au/veteran-payment-overview](http://www.dva.gov.au/veteran-payment-overview).

Would you like DVA to assess your eligibility for veteran payment?

No  ▶ Please continue to **PART 9**

Yes  ▶  Please complete *Form D9333 Veteran Payment Details* and submit with this claim.

I authorise DVA to obtain information and/or reports from medical practitioners, hospitals, clinics, insurance companies, Commonwealth Departments or Agencies, 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 above Acts. 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.

I agree that DVA may request from the Department of Defence information about my full service and medical history so that a comprehensive assessment of eligibility may be undertaken.

I agree that DVA may use personal information about me and disclose that information to other agencies and bodies, where DVA or those other agencies or bodies have a legitimate interest in such personal information (*refer to the list of such agencies or bodies below*).

I authorise the Nominated Representative as at Question 8, Part 1, on page 5 to represent me in respect of this claim and any review of a decision relating to this claim. This authorisation includes access to my personal information for purposes related to this claim and will continue until I:

- revoke this authorisation; or
- nominate another representative to represent me.

I declare that:

- the information I have given on this form and on any other attachments is true and accurate;
- I am aware that I must advise DVA:
  - immediately if I engage in any employment (whether paid, unpaid or voluntary) or if I engage in running a business in my own right or as a partner during any period when I am medically certified to be unfit for work due to the injury or disease to which this claim for compensation relates; or
  - immediately if, during any period of certified incapacity for work, my injury or disease improves sufficiently to allow me to return to work; or
  - if I receive any monies by way of third party damages or other compensation mechanism for any injury or disease; or
  - if I lodge a claim for any other pension, benefit or allowance while this claim is being processed.
- I am aware that any compensation monies which I may be paid as a result of any false or misleading claim or statement will be recovered by DVA;
- I am aware that a copy of this claim form may be sent to the Department of Defence where authorised by legislation;
- I am aware that there are penalties for making false statements.

#### Organisations we share information with

The information contained on the claim form may also be provided to another agency or body for their lawful purposes. These agencies or bodies include:

- the Repatriation Commission;
- the Military Rehabilitation and Compensation Commission;
- the Department of Defence (including a serving member's Service Chief);
- Centrelink;
- the Australian Taxation Office;
- the Child Support Agency;
- Medicare Australia;
- other State or Territory authorities to verify your eligibility for rebates or concessions relating to rates, electricity, transport, motor vehicles and ambulance;
- the legal representatives of the Department of Defence in relation to any common law (third party) damages action;

- Commonwealth Superannuation Corporation (CSC) (regarding any Commonwealth superannuation entitlements you may have);
- Commonwealth, State and Territory workers' compensation authorities in relation to a similar injury or disease;
- doctors, hospitals and other health care professionals who have provided you with treatment or who are requested to assist in the investigation of your claim;
- your current and/or previous employer(s).

**NOTE:** The signature blocks on this page relate to the authorisation and declaration statements on page 10 of this form.

**Claimant signature**

**CLAIMANT SIGNATURE**



Date  
/ /

By signing this form, in addition to the authorisations and declarations I make under Part 9 on the previous page, I declare that I am aware of the extent of information that will be collected by DVA to allow a comprehensive assessment of this claim.

The authorisation and declaration above must be signed by you or, if you cannot sign yourself due to physical or mental incapacity, your authorised representative will sign on your behalf.

**NOTE:** If the form is to be signed by your Legal Representative or approved person he/she must also complete **PART 10** below.

**Nominated representative signature**

I am the representative nominated in Question 8 of this form. I assisted the claimant to complete this claim form ensuring that the contents accurately reflect the claimant's statements. I acknowledge that I have been nominated by the claimant to represent him/her in matters related to this claim and I will treat the information shared in a secure and confidential manner in order to maintain the claimant's privacy.

I consent to the use of my contact and personal information, provided at Part 1 on page 5, for communication and authentication purposes by DVA in relation to this claim.

**NOMINATED REPRESENTATIVE SIGNATURE**




Date  
/ /

**PART 10 Legal Representative's authority to act**

**Authority to act on behalf of the claimant.**

Details of the person who is legally authorised to act on behalf of the claimant.

 Please attach a certified copy of the instrument conferring authority to act on the claimant's behalf.

Full name  
[ ]

Address  
[ ] [ ] POSTCODE  
[ ]

Telephone  
Home [ ] Work [ ] Mobile [ ]

**SIGNATURE OF LEGAL REPRESENTATIVE**



Date  
/ /



# Injury or disease details sheet

Surname	Given name(s)	DVA file number(s) (if known)

**This section to be filled in by the claimant**

Please fill out one sheet per injury or disease for which you are now claiming liability at Question 10. If this is a reassessment, do not complete this sheet.

Please detail the injury or disease you are now claiming and describe as fully as you can the signs and symptoms that make you notice the disability (e.g. pain in lower back, shortness of breath, loss of range of movement in right arm).

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

**Injury or disease**

**Signs and symptoms**

**How do you believe your service caused, contributed to or aggravated this injury or disease?**

If insufficient space, please attach a separate sheet

**When did the injury happen (if applicable)?**

/ /

**Has a Defence injury report been completed?**

No  Yes   Please attach the Defence injury report. Do not know

**When did you first notice signs or symptoms of the injury or disease?**

/ /

**On what date did you first receive medical treatment for this injury or disease?**

/ / (if known)

**Name of your treating medical practitioner/hospital/specialist**

For claimed conditions

**Type of treatment or consultation provided (e.g. GP, specialist)**

**Has this injury or disease worsened or been aggravated since 1 July 2004?**

No  Yes

**Is a medical practitioner's account attached in relation to completion of this injury or disease details sheet?**

No  Yes

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[Read more: How DVA manages personal information](#)

**INJURY OR DISEASE DETAILS SHEET** continued

Surname	Given name(s)	DVA file number(s) (if known)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**This section to be filled in by a medical practitioner**

Please supply a brief summary of the basis for each diagnosis and attach any reports you have that confirm the diagnosis. DVA will pay you for this service according to the relevant fee levels for the service.

**NOTE: The claim for this condition must be lodged before payment of medical account can be made.**

**Medical diagnosis**



**Basis for diagnosis**













**Is this diagnosis** Confirmed  Provisional

**When did the claimant first consult you for this injury or disease?**

**Please advise approximate date of onset of the injury or disease based on available notes**

**Address**

<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	POSTCODE
	<input style="width: 100%; height: 20px;" type="text"/>

**Telephone** [  ]

**Medical practitioner stamp**  
(Please include Provider Number)

**MEDICAL PRACTITIONER'S SIGNATURE**

	Date <input style="width: 100%; text-align: center;" type="text" value=" / /"/>
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