



# Qualifying Service Details

Partner/Widow(er) of Non-Pensioner Veteran or Mariner  
(Australian, Commonwealth or Allied)

## 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](#)

Please write in BLOCK LETTERS using a blue or black pen (not pencil).

Please answer all questions as directed and sign the Declaration on page 3.

Please write your name on the top of each page in case pages of this form become separated.

### About you

1. Your surname

2. Your given name(s)

3. Your date of birth

 /  / 

4. Your place of birth

Town	State	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Your current residential address

  


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 Postcode

6. Have you lived at your current address for more than 12 months?

No  - Please provide your previous address below

Yes

  


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 Postcode

*If more than one address, please attach a separate sheet giving other addresses*

7. Your postal address  
(If same as residential, write 'As Above')

  


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 Postcode

8. Your telephone numbers

Home ( )	Work ( )
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9. Have you ever served as a member of the Australian Defence Force?

No

Yes  - Has your qualifying service been determined?

No

Yes  - Your DVA file number (if known)

### About the veteran or mariner

10. Surname

11. Given name(s)

12. DVA file number (if known)

13. Service number (if known)

14. Date of birth

 /  / 

15. Place of birth

Town	State	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

The following questions should be answered in respect of a **VETERAN**. Please fill in as much as you can.

**About the veteran's service** (for a Mariner go to question 19)

**16. In which branch(es) of the armed forces did the veteran serve?**

Country of forces	Branch of armed forces (please tick)				Other (please specify)
	Army	Marines	Navy	Air Force	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**17. Details of enlistment and discharge** (if unsure of exact dates, give approximate dates if known)

Place of enlistment

Date of enlistment

Place of discharge

Date of discharge

**18. Where and when did the veteran serve?** (if unsure of exact dates, give approximate dates if known)

Period served (approximate if unsure)	Country or area
From / / to / /	
From / / to / /	
From / / to / /	

The following questions should be answered in respect of a **MARINER**. Please fill in as much as you can.

**About the mariner's service during the Second World War**

**19. List all countries in whose merchant navy the mariner served**


**20. Please give details of the mariner's merchant navy service during the Second World War**

	1	2	3
Ships name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Port or country of registration	<input type="text"/>	<input type="text"/>	<input type="text"/>
Port engaged	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date engaged	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Port discharged	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date discharged	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Ports of call	<input type="text"/>	<input type="text"/>	<input type="text"/>
Purpose of voyage (e.g. Aust. or foreign trading, troop or supply transport, tugging, salvage)	<input type="text"/>	<input type="text"/>	<input type="text"/>

## About the veteran or mariner

21. Please provide any other information which you think may assist in determining the veteran's/mariner's qualifying service, including details of any danger incurred from hostile enemy forces during service.


## Attachments

22. To help the Department to make a decision quickly, please attach to this form any official papers you have which give details about the veteran's/mariner's service, such as:

- Certificates for the award of Campaign Stars/Medals etc
- Statement of Service
- Discharge Certificate
- Certificate of Employment on Merchant Vessels

We will return the papers as soon as possible by certified mail.

If the papers are not in English, please provide a certified English translation.

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### *Please note*

**The Department will NOT accept responsibility for any action taken (e.g. early retirement) in anticipation of being eligible for a service pension. Even if it is determined that the veteran/mariner had qualifying service, you will need to satisfy other eligibility requirements such as age, residency and the income and assets tests. It is advisable to have your eligibility confirmed in writing before you retire.**

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## Declaration

- I declare that the information I have given in this form is complete and correct.
- I authorise the Department of Veterans' Affairs to obtain from other organisations any information that is required to determine qualifying service for the veteran/mariner.
- I consent to the disclosure by other organisations of any information required by the Department of Veterans' Affairs to determine the veteran's/mariner's qualifying service.
- To my knowledge the veteran/mariner never at any time served with a force or on a vessel that was at war with Australia, nor ever assisted such a force.
- I declare that my purpose in applying for a determination of the veteran's/mariner's qualifying service is to determine my claim for a Partner Service Pension.

**Your signature**

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**Date**

	/		/	
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**If the claimant is unable to sign this form:**

- sign the form on behalf of the claimant;
- complete the details on the next page for you to act on behalf of the claimant.

## Authority to act on behalf of the claimant

Details of person acting on behalf of the claimant in cases where the claimant is unable to act on their own behalf

Your surname

Your given name(s)

Your current residential address

  

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Postcode

Your telephone numbers

Home

Work

Your relationship to the claimant

Your signature

Date