



# Determination Sheet for Permanent Incapacity for Invalidity Service Pension

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### Applicants details

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

**1. Surname**

**2. Given name(s)**

**3. Date of birth**

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**4. DVA file number**

**5. Disabilities the applicant is claiming that are preventing him/her from working:**

  


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**6. Disabilities diagnosed as:**

  


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### Streamlined cases

**7. Is the case able to be streamlined due to any of the following reasons?**

Manifest  - Give reason below

  


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TPI/SRDP  - Since?  /  /

Blind  - Ophthalmologist report at folio?

Able to work  - Doctor's work test result at folio?

### GARP assessment

**8. Has a disability pension assessment been completed where over 40 GARP points have been calculated?**

Yes  No

M file folio number:

GARP points:

**9. Do GARP points need to be calculated?**

Yes

No

Attach copy of (Interim) Combined Impairment Report

GARP points:

### Work test

**10. Does the veteran's disability prevent him/her from working?**

Yes

No  - Give reason below

  


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Able to work more than 8 hours per week. Please provide comment.

  


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Condition alone is not preventing veteran from working. Please provide comment.

  


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Condition not permanent.

Doctor's opinion at folio?

### Determination

As a Delegate of the Repatriation Commission, I determine that  is / is not permanently incapacitated under paragraph 37(1)(c) of the Veterans' Entitlements Act 1986 for the purposes of invalidity service pension.

**Name of Delegate (Please use BLOCK letters)**

**Signature**

**Date**

 /  /