



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

# **Veterans' Vocational Rehabilitation Scheme Application Form**

The information you provide on this form will be used:

- to determine your eligibility for assistance under the Veterans' Vocational Rehabilitation Scheme in accordance with the *Veterans' Entitlements Act 1986*;
- to make a preliminary assessment of your vocational needs; and
- for statistical purposes.

## **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](#)



# Veterans' Vocational Rehabilitation Scheme Application Form

Please write in BLOCK LETTERS

## Personal Details

**DVA File Number** (if applicable)

Please attach a copy of your Discharge Certificate to this application if you do not have a Department of Veterans' Affairs File number

**Surname**

**Given names**

**Date of birth**

 /  / 

**Gender**

Male  Female

**Address**

  
 Postcode

**Business hours telephone number**

 ( ) 

**Home telephone number**

 ( ) 

**Mobile number**

## Military/Defence Force Service Summary

**Did you serve in the ADF or British and/or other Allied Forces?**

No  Yes

**If you served with British and/or other Allied Forces what is your length of continuous residency in Australia?**

 Years

**Branch of Forces last served in** (please tick)

Airforce  Army  Navy

**Date enlisted**

 /  / 

**Date of discharge**

 /  / 

**Service Number**

**Rank on discharge**

**Principal roles or duties undertaken**

  
  
  


If insufficient space, please attach a separate sheet

**Overseas deployments**

Country	From	To
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /

If insufficient space, please attach a separate sheet

## Current Work Details

**Are you in regular paid work at present?**

No  Yes - please provide your employer's details

  
  


If insufficient space, please attach a separate sheet

**Date commenced**

 /  / 

**Please provide a brief description of your tasks in your current job**

  
  


If insufficient space, please attach a separate sheet

**Average hours worked each week?**

**Are there any factors which may affect your future prospects in your current job?**

No  Yes - please provide details

### Past Employment Details

Please provide a brief description of your most recent non-military employment

Employer's name

Position held

Tasks description

  

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Date held

  
 /   /   to   /   /

Employer's name

Position held

Tasks description

  

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Date held

  
 /   /   to   /   /

Employer's name

Position held

Tasks description

  

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Date held

  
 /   /   to   /   /

### Details of Injury/Illness that may affect your ability to work

Name of injury or illness

Have you claimed compensation (from any source)?

No    Yes - has liability been accepted?

Don't know

No - go to next Question

Yes - by whom?

Are you currently on a rehabilitation program or required to undertake rehabilitation?

No    Yes

Do you intend to claim compensation (from any source)?

No    Yes - from whom?

Please provide brief details of the medical opinions you have received about how much work or the type of work you can do each week

  

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Which of the following pensions or payments do you receive?

No pension

Disability support pension

Disability pension

MCRS Incapacity payment

Service pension

Centrelink Newstart allowance

Invalidity service pension

MCRS incapacity payment

Special rate disability pension

Other - please specify

## Future Work Goals

What do you hope to achieve from participating in this Scheme?


What type of work would you like to do in the future?


How many hours do you hope to work each week?

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How did you find out about the Scheme?

- |  |   |
|--|---|
| <input type="checkbox"/> DVA Office                                | <input type="checkbox"/> Vietnam Veterans Counselling Service (VVCS)            |
| <input type="checkbox"/> Veterans' Affairs Network (VAN)           | <input type="checkbox"/> DVA publications - <i>VetAffairs, Veterans' Health</i> |
| <input type="checkbox"/> DVA Website                               | <input type="checkbox"/> Ex-service organisation                                |
| <input type="checkbox"/> WRS Pamphlet                              | <input type="checkbox"/> Other - please specify                                 |
| <input type="checkbox"/> Defence Resettlement/Entitlements Seminar |   |

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Applicant's signature

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 Please also sign the Authorisation on page 5.

**Please sign and return this completed form and attached Authorisation** (with a copy of your Discharge Certificate if you do not have a Department of Veterans' Affairs File number) to **GPO Box 9998, Brisbane, Qld, 4001.**

## Authorisation

Surname

Given names

Address

  

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Postcode

1. I authorise the Repatriation Commission, the Department of Veterans' Affairs and its contracted Vocational Rehabilitation Providers to obtain medical or other information needed to process, determine or review this application;
2. I consent to the release of medical, clinical or other information to the Repatriation Commission, the Department of Veterans' Affairs and its contracted Vocational Rehabilitation Providers by any medical practitioner, hospital, clinic, insurance company, the Vietnam Veterans Counselling Service, Centrelink, the Australian Defence Force or other organisation, in relation to this application or its review.

Applicant's signature

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## OFFICE USE

Eligible YES  NO

Project Officer name

Date

 / /

Case Manager

Please assess the veteran named on this form to determine needs for special vocational assistance under the Veterans' Vocational Rehabilitation Scheme and provide a report to the project officer named above.

If you determine that the veteran is not in need of assistance, please advise the veteran of appropriate avenues to explore.

Project Officer signature



For more information please call the Department of Veterans' Affairs (from anywhere in Australia) on:  
**1800 555 254**



Please send the completed form to:

**GPO Box 9998, Brisbane, Qld, 4001**

**The addresses of the Department of Veterans' Affairs offices are:**

**Sydney**

Centennial Plaza Tower B  
280 Elizabeth Street

**Adelaide**

Blackburn House  
199 Grenfell Street

**Melbourne**

300 Latrobe Street

**Perth**

AMP Building  
140 St George's Terrace

**Brisbane**

480 Queen Street

**Hobart**

Barrack Place  
254 - 286 Liverpool Street

**Northern Territory**

Winnellie Central  
14 Winnellie Road

**Australian Capital Territory**

6 Bowes Street Woden