



# Men's Health Peer Education Volunteer Reference Form

## Privacy notice

Personal information is protected by law, including the *Privacy Act 1988*. 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.

Go to [www.dva.gov.au/privacy](http://www.dva.gov.au/privacy) for more information about how DVA manages personal information.

This report forms part of the application process. If a lack of knowledge prevents a response, leave the question blank. If additional space is required, attach a separate A4 sheet with relevant responses. A copy of this form will be given to the applicant.

**1. Applicant's full name**

Surname

Given name(s)

**2. Applicant's address**

Postcode

**3. Referee's full name**

Surname

Given name(s)

**4. Referee's contact number(s)**

Mobile

**5. Referee's email address**

**6. What is the nature of your relationship to the applicant?**

**7. How long have you known them?**

**8. What characteristics does the applicant display that may enhance or limit their ability to promote health and wellbeing to current or former members of the Australian Defence Force?**

**9. Please comment on the applicant's capacity to understand the unique challenges, lifestyle choices and behaviours influenced by service life**

**10. Please provide any other details that may assist in assessing the applicant's suitability as a Men's Health Peer Education Volunteer**

**11. Declaration**

- I declare that the responses I have given on this form and any attachments are true and accurate.
- I understand that a copy of this form will be provided to the applicant.

**Referee's signature**



Date (dd/mm/yyyy)

**Thank you for completing this form.**

Please return this form to the applicant or email to [MensHealth@dva.gov.au](mailto:MensHealth@dva.gov.au)