



Australian Government

Department of Veterans' Affairs

# Application for a Gold Card for Veterans of Australia's Defence Force

## Who should complete this form

This form is used to claim a Gold Card for veterans aged 70 years or more who have qualifying service.

To be eligible, you must:

- be at least 70 years old;
- be an Australian veteran or mariner;
- have rendered qualifying service.

If you are a British Nuclear Test participant or a British Commonwealth Occupation Force participant, you can apply for a Gold Card by filling out the D9056 form.

## Qualifying service

To have qualifying service as a World War II veteran, you must have served during the period of hostilities and incurred danger from hostile forces of the enemy. You may also have qualifying service if you were involved in mine-sweeping and bomb clearance operations after the war.

To have qualifying service for conflicts after World War II, you must have been allotted for duty and served in an operational area. If you have served as a member of the Australian Defence Force in operations declared to be "warlike" by the Minister for Defence, you have qualifying service.

## 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](#)

## Proof of identification

You are required to show proof of identification with your claim. The sheet with this form (D663 - Proving Your Identity to DVA) contains more information on what documents you can use to prove your identity.

## Changes you need to tell us about

You need to tell us if you:

- move address;
- close your payment account;
- start receiving a payment from Centrelink;
- leave Australia.

**Giving false or misleading information is a serious offence.**

# How to contact DVA

For information, please call the Department of Veterans' Affairs (from anywhere in Australia) on:

**1800 555 254**

| <b>State</b>                 | <b>Address</b>   | <b>Postal address</b>             |
|------------------------------|--|-----------------------------------|
| New South Wales              | Centennial Plaza Tower B<br>280 Elizabeth Street<br>Sydney NSW | GPO Box 9998<br>Brisbane QLD 4001 |
| Victoria                     | 300 Latrobe Street<br>Melbourne VIC                            | GPO Box 9998<br>Brisbane QLD 4001 |
| Queensland                   | 480 Queen Street<br>Brisbane QLD                               | GPO Box 9998<br>Brisbane QLD 4001 |
| South Australia              | Blackburn House<br>199 Grenfell Street<br>Adelaide SA          | GPO Box 9998<br>Brisbane QLD 4001 |
| Western Australia            | AMP Building<br>140 St Georges Terrace<br>Perth WA             | GPO Box 9998<br>Brisbane QLD 4001 |
| Tasmania                     | Barrack Place<br>254 - 286 Liverpool Street<br>Hobart TAS      | GPO Box 9998<br>Brisbane QLD 4001 |
| Northern Territory           | Winnellie Central<br>14 Winnellie Road<br>Winnellie NT 0820    | GPO Box 9998<br>Brisbane QLD 4001 |
| Australian Capital Territory | 6 Bowes Street<br>Woden ACT 2606                               | GPO Box 9998<br>Brisbane QLD 4001 |

Please write in block letters with a blue or black pen (not pencil)

**SECTION A**

**Veteran's or Mariner's personal details**

**1 DVA File No.** *(if known)*.

**2 Title** *(Mr, Mrs, Ms, Dr, etc.)*.

**3 Surname.**

**4 Given name(s).**

**5 Date of birth.**

**6 Residential address.**

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

**8 Telephone number.**

|        |                                  |      |                                  |
|--------|----------------------------------|------|----------------------------------|
| Home   | <input type="text" value="( )"/> | Work | <input type="text" value="( )"/> |
| Mobile | <input type="text"/>             |      |                                  |

**9 Did you serve under any name other than the one on this form?**

No  ▶ Please go to Question **10**

Yes  ▶ Please give details

| Other name(s) used   | Date of birth<br>(if different from above) |
|----------------------|--|
| <input type="text"/> | <input type="text" value="/ /"/>           |
| <input type="text"/> | <input type="text" value="/ /"/>           |

**10 Have you previously had a decision made by the Department on your qualifying service?**

No  ▶ Please go to Question **11**

Yes  ▶ Please go to Question **20**

Don't know  ▶ Please go to Question **11**

**11 Are you a:**

Veteran  ▶ Please go to Question **12**

Mariner  ▶ Please go to Question **17**

**12 Please provide your enlistment and discharge details.**



Please attach any documents you have (e.g. Discharge Certificate, Pay Book).

| Date enlisted | Place enlisted | Army/Navy/RAAF | Service number | Unit/Depot/Ship | Date discharged | Place discharged |
|---------------|----------------|----------------|----------------|-----------------|-----------------|------------------|
| / /           |                |                |                |                 | / /             |                  |
| / /           |                |                |                |                 | / /             |                  |
| / /           |                |                |                |                 | / /             |                  |

**13 Did you travel/serve overseas?**

No  ▶ Please go to Question **14**

Yes  ▶ Please give details

| Country or area | Date you left Australia | Date returned | Unit/Ship/Squadron |
|-----------------|-------------------------|---------------|--------------------|
|                 | / /                     | / /           |                    |
|                 | / /                     | / /           |                    |
|                 | / /                     | / /           |                    |

**14 Please list any campaign medals, stars, or General Service Medals with bomb and mine clearance clasps you have been awarded and any that you are eligible to be awarded.**

Full title of medal

|  |
|--|
|  |
|--|

**15 Please give details of your service if you served during WWII but did not serve outside Australia or its coastal waters.**

| Location | Period served |        |
|----------|---------------|--------|
|          | / /           | to / / |
|          | / /           | to / / |
|          | / /           | to / / |

**16 Did you experience danger from hostile forces of the enemy?**

No  ▶ Please go to Question **20**

Yes  ▶ Please give details

| Date of action (approx. if unsure) | Nature of enemy activity | Area or location of enemy activity | What danger did you experience? | What were you doing at the time? |
|------------------------------------|--------------------------|------------------------------------|---------------------------------|----------------------------------|
| / /                                |                          |                                    |                                 |                                  |
| / /                                |                          |                                    |                                 |                                  |
| / /                                |                          |                                    |                                 |                                  |

If insufficient space, please attach a separate sheet

▶ Please go to Question **20**

**17 Please provide your service details for WWII service only.**



Please attach a copy of your Continuous Certificate of Discharge

| Rank or grade | Name of ship | Country of registration | Ports       | Voyage dates |
|---------------|--------------|-------------------------|-------------|--------------|
|               |              |                         | Embarked    | From / /     |
|               |              |                         | Disembarked | To / /       |
|               |              |                         | Embarked    | From / /     |
|               |              |                         | Disembarked | To / /       |
|               |              |                         | Embarked    | From / /     |
|               |              |                         | Disembarked | To / /       |

If insufficient space, please attach a separate sheet

**18 Please give details of your service if you served during WWII but did not serve outside Australia or its coastal waters.**

| Location | Period served |        |
|----------|---------------|--------|
|          | / /           | to / / |
|          | / /           | to / / |
|          | / /           | to / / |

**19 Did you experience danger from hostile forces of the enemy?**

No  ► Please go to Question **20**

Yes  ► Please give details

| Date of action (approx. if unsure) | Nature of enemy activity | Area or location of enemy activity | What danger did you experience? | What were you doing at the time? |
|------------------------------------|--------------------------|------------------------------------|---------------------------------|----------------------------------|
| / /                                |                          |                                    |                                 |                                  |
| / /                                |                          |                                    |                                 |                                  |
| / /                                |                          |                                    |                                 |                                  |

If insufficient space, please attach a separate sheet

**SECTION D****Veterans Supplement/Energy Supplement**

**Veterans supplement and/or Energy supplement may be payable if you do not already receive an equivalent payment. Your eligibility for the supplements will be determined when the decision is made about your Gold Card application.**

**20 Do you receive any payments from Centrelink (other than Family Tax Benefit)?**

No  ▶ Please go to Question **21**

Yes  ▶ Your Centrelink reference number

What type of payment do you receive from Centrelink?

**21 Do you have a partner?**

No  ▶ Please go to Question **22**

Yes  ▶ Partner's surname

Partner's given name(s)

Does your partner receive any payment from Centrelink (other than Family Tax Benefit)?

No  ▶ Please go to Question **22**

Yes  ▶ Partner's Centrelink reference number

What type of payment does your partner receive from Centrelink?

**SECTION E****Account details**

**22 Give details of the account you want your payment made to.**

Payments must be made to a bank, building society or credit union account held in your name in Australia.

A joint account is acceptable.

Name of bank, building society or credit union

Type of account (e.g. savings, cheque)

Branch where your account is held

Branch number (BSB)

Account number (this is not always the number printed on your card)

Account held in the name(s) of

**SECTION F****Declaration**

- I declare that the details I have given in this form are complete and correct.
- I have never at any time served with a force or on a vessel that was at war with Australia, nor have I ever assisted such a force.
- I am aware that giving false or misleading information is a serious offence.
- I authorise the Department of Veterans' Affairs (DVA) to obtain from other organisations, any information that is required to determine my qualifying service.
- I consent to the disclosure by other organisations of any information required by DVA to determine my qualifying service.
- I consent to the disclosure of information required by the agencies or bodies as listed on page 1 of this form.
- I consent to the release of relevant information relating to my qualifying service to the person or organisation named in the Authority below, who is acting on my behalf in relation to this application.
- I am aware that I cannot receive equivalent payments from both DVA and Centrelink.

If the veteran or mariner is unable to sign this form because of mental or physical disability:

- sign the form on behalf of the veteran or mariner; and
- complete the authority below for you to act on behalf of the veteran or mariner.



Date

/ /

**SECTION G****Authority to act on behalf of a veteran or mariner**

The veteran or mariner may elect to have a friend or relative, or an ex-service organisation (or its representative) act on behalf of the veteran or mariner in relation to this application. If so, this authority must be completed by that person.

If you have a legal authorisation to act on behalf of the veteran or mariner a certified copy of that authorisation should be forwarded with this application.

I declare that I am authorised by

to act on behalf of the veteran or mariner in matters relating to this application.

Your full name

Your relationship to the veteran or mariner

Address

  


POSTCODE

Telephone

Home

 [ ]

Work

 [ ]
**AUTHORISED PERSON'S SIGNATURE**

Date

/ /