



Application for a Gold Card for Australian British Nuclear Test Participants and Australian British Commonwealth Occupation Force Participants

Important information

Health care treatment for all conditions, regardless of how caused, is available to Australians who participated in British nuclear tests in Australia and to Australians who were part of the British Commonwealth Occupation Force (BCOF).

Who is eligible?

A British nuclear test participant is an Australian who was involved directly in the nuclear tests as a member of the Australian Defence Force or as a civilian. Civilian involvement includes involvement as a Commonwealth employee, a contractor providing services associated with the nuclear tests and civilians not involved in the nuclear tests but who entered a nuclear test area at a relevant time.

A British Commonwealth Occupation Force participant is an Australian who served in Japan at any time between 31 January 1946 and 28 April 1952 as part of BCOF.

Where to lodge this claim

This claim must be lodged with the Department of Veterans' Affairs in Australia. The address for the return of the form is:

**British Nuclear Test Participants and British Commonwealth
Occupation Force Participants
GPO Box 9998
Brisbane, QLD, 4001**

Other information

Please answer all relevant questions and include any other information that you think may help support this claim.

Proof of identity

You are required to show proof of identity 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.

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](#)

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

Section 1	Participant's Details
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1. Surname	
2. Other names <i>(in full)</i>	
3. Date of birth	/ /
4. Address where you live now	
	POSTCODE
5. DVA File Number <i>(if known)</i>	
6. Daytime phone number	[]
7. Are you or were you:	
- A member of the Australian Armed Forces (British Nuclear Test participant)?	No <input type="checkbox"/> Yes <input type="checkbox"/> ► Please complete SECTION 2.
- An Australian civilian (British Nuclear Test participant)?	No <input type="checkbox"/> Yes <input type="checkbox"/> ► Please complete SECTION 3.
- A member of the Australian Armed Forces (British Commonwealth Occupation Force participant)?	No <input type="checkbox"/> Yes <input type="checkbox"/> ► Please complete SECTION 4.
8. Are you:	An Aboriginal Australian?
(This question is optional and will not affect your entitlement. If you do answer, the information will help us to continue to improve services to Aboriginal and Torres Strait Islander Australians).	No <input type="checkbox"/> Yes <input type="checkbox"/>
	A Torres Strait Islander Australian?
	No <input type="checkbox"/> Yes <input type="checkbox"/>

Section 2	Australian Armed Forces (British Nuclear Test participant)
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9. Service number	
10. Name of Unit	
11. Details of your participation in the Test program <i>(if insufficient space, attach separate sheet)</i>	Location <input style="width: 90%;" type="text"/>
	Dates <input style="width: 90%;" type="text"/>
	Duty assignment <input style="width: 90%;" type="text"/>
	Nature of participation <input style="width: 90%;" type="text"/>

Section 5**Pharmaceutical Supplement & Energy Supplement**

Pharmaceutical 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.

15. Do you receive any payments from Centrelink (other than Family Tax Benefit)?

No ▶ Please go to Question **16**

Yes ▶ Your Centrelink reference number

What type of payment do you receive from Centrelink?

16. Do you have a partner?

No ▶ Please go to Question **17**

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 **17**

Yes ▶ Partner's Centrelink reference number

What type of payment does your partner receive from Centrelink?

Section 6**Account Details**

17. 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 7**Declaration**

- I declare that the details provided in this form are complete and correct.
- I am aware that there are penalties for making false or misleading statements.
- I authorise the Department of Veterans' Affairs to obtain information needed to process, determine or review this claim.
- I consent to the release of any relevant information to the Department of Veterans' Affairs by any organisation, in relation to this claim or its review.
- I consent to the release of relevant information to the person or organisation named in the Authority below, who is acting on my behalf in relation to this application.
- I authorise the use of this information obtained for the purpose of the prescribed study under the *Epidemiological Studies (Confidentiality) Act 1981*.

You must sign this form yourself if you can – even if someone else has filled it in for you. If someone else signs on your behalf they must provide their authority for signing.

Signature



Date

 / /
Section 8**Authority to act on behalf of a claimant**

The claimant may elect to have a friend or relative, or an ex-service organisation (or its representative) act on behalf of the claimant 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 claimant 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 claimant in matters relating to this application.

Your full name

Your relationship to the claimant

Address

POSTCODE

Telephone Home

 []

Work

 []
Authorised person's signature



Date

 / /
Before returning this form please check the following

Have you signed the declaration above and checked this form carefully?

Have you filled in all the parts that apply to you?

Have you enclosed any other evidence that you feel will support your claim to be a participant?

Please send completed form to: **British Nuclear Test Participants and British Commonwealth Occupation Force Participants**
GPO Box 9998
Brisbane, QLD, 4001