



Important information

The information provided in this form will be used to determine your eligibility for assistance under the F-111 Study of Health Outcomes in Aircraft Maintenance Personnel (SHOAMP) Health Care Scheme.

Who is eligible?

The following personnel are eligible for counselling as a Group 2 participant:

- The immediate family members of Group 1 participants; and
- Service personnel and civilian employees who are not covered by the Group 1 definition but were employed at RAAF Base Amberley during the F-111 deseal/reseal programs (the 1st and 2nd deseal/reseal programs 1977-82 and 1991-93; the spray seal program 1996-99; and the wings deseal/reseal program 1985-92).

The following personnel are eligible for treatment and counselling as a Group 1 participant:

- Personnel involved in the F-111 deseal/reseal training conducted in Sacramento, USA;
- Personnel, including supervisors, involved in the formal F-111 deseal/reseal programs;
- Personnel involved in the regular burning or disposal of F-111 deseal/reseal products;
- Personnel involved in ad hoc 'pick and patch' fuel tank maintenance on F-111 aircraft prior to January 2000;
- Personnel involved in other maintenance or directly related tasks prior to January 2000 where their work required physical entry to an F-111 fuel tank to conduct that maintenance or task;
- Personnel who dismantled and/or disposed of the canvas from the Air Transportable Deseal/Reseal Hangar (the 'Rag Hangar');
- Personnel whose primary place of duty was within the deseal/reseal hangars or the Air Transportable Deseal/Reseal Hangar (the 'Rag Hangar') at RAAF Base Amberley during one or more of the formal deseal/reseal programs;
- Personnel employed in Engine Test Cell No 1 during the period 1976-86;
- Fuel farm workers and personnel involved in the transport, delivery and handling of F-111 deseal/reseal products including SR51/51A. These workers and personnel must have regularly performed duties of supply and disposal of F-111 deseal/reseal products;
- Personnel immersed in the Warrill Creek Settling Pond at RAAF Base Amberley; and
- Work Experience students at Hawker de Havilland who worked inside the tanks.

Establishing Proof of Relationship to an F-111 Worker

Establishing proof of relationship to an F-111 Worker

Evidence of an individual's relationship to an F-111 worker is required to support a claim for payment of benefits.

Documents required in respect of a spouse, widow/widower or de facto spouse

A spouse, widow/widower or de facto spouse claiming benefits is required to provide the following documentation:

- Certified copies of their own identification documents; and either
- Their marriage certificate; or
- Evidence of their marriage-like relationship with the F-111 worker (de facto relationships only), for example:
 - Joint housing arrangements (lease, mortgage, title); or
 - Joint financial arrangements (bank accounts, loan papers).

Documents required in respect of a child

For each child registering, the following documents are required:

- A certified true copy of the full birth certificate showing the names of both parents; or
- An adoption order.

For personnel employed at RAAF Base Amberley

Please answer all relevant questions and include any other documents and information that you think may support this claim. The Department of Veterans' Affairs will then contact the Department of Defence to gather any other evidence they may have relating to your employment at RAAF Base Amberley. If further evidence is still needed, the Department of Veterans' Affairs will contact you about obtaining statutory declarations to support your claim. See **Fact Sheet F-111-05** for further information on providing statutory declarations.

Privacy statement

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 F-111 Health Care **1800 728 007** from anywhere in Australia on:

Information is also available on the F-111 website: <http://f111.dva.gov.au>

Where to lodge this claim

This claim must be lodged with the Department of Veterans' Affairs. Please refer to **page 4, Section D** for information.

Please use a **Black** or **Blue** pen to complete this form.

1 Surname

2 Given name(s)

3 Sex Male Female Transgender

4 Date of birth

5 Service number (if applicable)

6 Street Address

POSTCODE

7 Postal Address
(if different from above)

POSTCODE

CONTINUED ►►

Section A (continued) - Personal details of applicant

8 Telephone numbers

Home

()

Work/Mobile

9 E-mail Address

10 What is your current status?

Current ADF member

Ex-ADF member

Civilian

Go to Section B (below)

Partner of an ADF, ex-ADF member or Civilian

Ex-partner of an ADF, ex-ADF member or Civilian

Widow of an ADF, ex-ADF member or Civilian

Child of an ADF, ex-ADF member or Civilian

Go to Section C (page 4)

SECTION B

Details of ADF member/ex-ADF member/civilian

Please provide details of your employment at RAAF Base Amberley

11 Periods of time you were employed at RAAF Base Amberley

(Please give dates. If more than 5 periods, attach a separate sheet)

Period 1	From: <input type="text" value="/ /"/>	To: <input type="text" value="/ /"/>
Period 2	From: <input type="text" value="/ /"/>	To: <input type="text" value="/ /"/>
Period 3	From: <input type="text" value="/ /"/>	To: <input type="text" value="/ /"/>
Period 4	From: <input type="text" value="/ /"/>	To: <input type="text" value="/ /"/>
Period 5	From: <input type="text" value="/ /"/>	To: <input type="text" value="/ /"/>

12 Describe your role during these periods:

(If insufficient space, attach a separate sheet)

.....

.....

.....

Go to Section D

SECTION C Details of partner/parent involved in F-111 aircraft maintenance

Please provide details of **your partner or parent** who was involved in F-111 aircraft maintenance

13 Surname of partner/parent

14 Given name(s) of partner/parent

15 Sex of partner/parent Male Female Transgender

16 Date of birth of partner/parent

17 Service number of partner/parent (if applicable)

18 Address of partner/parent
(not required if you are a widow/widower)
POSTCODE

19 Telephone numbers of partner/parent (not required if you are a widow/widower)

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

- I declare that the details provided in this form are complete and correct.
- I am aware that there are penalties for making false statements or giving misleading information.
- I consent to the release of medical, clinical and other information to the Department of Veterans' Affairs by all medical practitioners, hospitals, clinics, insurance companies, Centrelink, the Department of Defence or other organisations, in relation to this claim or its review.

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 a document that proves their authority to sign on your behalf.

Signature



If you require help filling in this form, please call F-111 Health Care on **1800 728 007** during business hours.

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 application (this may include supporting RAAF documents)?

Have you attached proof of relationship documents?

Please send completed form to: **F-111 SHOAMP Health Care Scheme**
GPO Box 9998 - Brisbane QLD 4001