



**PART A Your details (please write in BLOCK letters) cont...**

**10: Account details** Account in the name of  Account number

**11: Account branch/location**

**12: Are you:** A current or former member of the Australian Defence Force with at least one day of permanent or continuous full-time service?  
No  Yes  ► Please complete **PART B** and **PART D** only

A current or former reservist with: Border Protection Service; Disaster Relief Service; or a reservist who was a witness to or involved in a Serious Training Accident?  
No  Yes  ► Please complete **PART C** and **PART D**

If you did not answer “**Yes**” to either of the above questions, please be aware that there are other treatment options available to you, including treatment under your Medicare card. You may also be eligible for counselling services under Open Arms (**1800 011 046**).

**PART B Details of service in the Australian Forces (Permanent Forces and Reservists with Continuous Full-time Service)**

**13: Name on enlistment**  
*(if different from name above)*

**14: Unit or Branch of service**

**15: PMKeyS or Service number**

**16: Date enlisted**

**17: Date discharged** *(if applicable)*

**18: Place of overseas service**  
*(if applicable)*

**PART C Details of service in the Australian Forces (reservists with Border Protection Service, Disaster Relief Service, or those involved in a Serious Training Accident)**

**19: Name on enlistment**  
*(if different from name above)*

**20: PMKeyS or Service number**

**21: Date enlisted**

**22: Date discharged** *(if applicable)*

**23: Select which of the following apply to you:** **BORDER PROTECTION SERVICE**  
Date of Border Protection Service *(closest approximate date)*  
  
Details of Border Protection Service *(e.g. name of operation, location)*

**PART C Details of service in the Australian Forces (reservists with Border Protection Service, Disaster Relief Service, or those involved in a Serious Training Accident) cont...**

**DISASTER RELIEF SERVICE**

Date of Disaster Service (closest approximate date)

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Details of Disaster Relief Service (e.g. name of operation, location)


**INVOLVED IN A SERIOUS TRAINING ACCIDENT** (See [Free mental health care for veterans](#))

Date of Serious Training Accident (closest approximate date)

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Details of Serious Training Accident (e.g. location, names of those involved, type(s) of injury and whether you were injured or a witness to an injury)


**PART D Declaration and Authorisation to release personal information**

I would like to receive treatment for a mental health condition funded by the Department of Veterans' Affairs.

I declare that I am the person named in **PART A** of the application and that the answers given by me are true and correct to the best of my knowledge.

I authorise the Department of Veterans' Affairs (DVA) to collect:

- my service details from the Department of Defence; and
- my medical and other information relevant to determining whether I am diagnosed with a mental health condition from any medical practitioner, hospital, clinic, health service provider, insurance company, Centrelink, the Department of Defence or other organisation, as required.

I consent to the release of my personal information by the above third parties and understand that this form may be used by DVA to access my medical records.

I understand that if I am a serving member at the time of my application, DVA will need to advise the Department of Defence about my application for treatment under Non-Liability Health Care arrangements and I consent to this occurring.

**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.](#)

**Signature of veteran**


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Date

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To contact DVA, please telephone **1800 VETERAN (1800 838 372)**

OR address your correspondence to:

**Department of Veterans' Affairs**  
**GPO Box 9998**  
**Brisbane QLD 4001**