



# Application for Health Care for Cancer (Malignant Neoplasm) and Tuberculosis

Use this form to apply for health care if you have been diagnosed with cancer (malignant neoplasm) or tuberculosis and served:

- during World War 2;
- on operational service (including warlike and non-warlike service since 1 July 2004);
- on peacekeeping service;
- on hazardous service; or
- on some peacetime service between 7 December 1972 and 6 April 1994.

DVA will use the information on this form to assess your eligibility for this treatment. If we do not have documents that prove your identity, you may have to provide them to us with this form. If you are unsure about this you should contact DVA to ask us. Contact information is provided at the end of this form. If you need to know what documents will prove your identity you should call us or go to <https://www.dva.gov.au/financial-support/income-support/what-changes-your-payments/prove-identity> and read How do I prove my identity.

## Your details (please write in BLOCK letters)

<b>1: Title</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 150px;" type="text"/>								
<b>2: Surname</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>								
<b>3: Given name(s)</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>								
<b>4: Date of birth (dd/mm/yyyy)</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>								
<b>5: Address</b> <i>(including postcode)</i>	<input style="width: 100%; height: 25px;" type="text"/> <input style="width: 60%; height: 25px;" type="text"/> POSTCODE <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/>								
<b>6: Postal address</b> <i>(if different from above)</i>	<input style="width: 100%; height: 25px;" type="text"/> <input style="width: 60%; height: 25px;" type="text"/> POSTCODE <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/> <input style="width: 15px; height: 20px;" type="text"/>								
<b>7: Contact details</b>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Home telephone</td> <td style="width: 50%;">Work telephone</td> </tr> <tr> <td><input style="width: 90%; height: 25px;" type="text"/></td> <td><input style="width: 90%; height: 25px;" type="text"/></td> </tr> <tr> <td>Mobile telephone</td> <td>E-mail address</td> </tr> <tr> <td><input style="width: 90%; height: 25px;" type="text"/></td> <td><input style="width: 90%; height: 25px;" type="text"/></td> </tr> </table>	Home telephone	Work telephone	<input style="width: 90%; height: 25px;" type="text"/>	<input style="width: 90%; height: 25px;" type="text"/>	Mobile telephone	E-mail address	<input style="width: 90%; height: 25px;" type="text"/>	<input style="width: 90%; height: 25px;" type="text"/>
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Mobile telephone	E-mail address								
<input style="width: 90%; height: 25px;" type="text"/>	<input style="width: 90%; height: 25px;" type="text"/>								
<b>8: DVA File number (if applicable)</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>								
<b>9: Banking details</b>	<p><b>Provide your banking details here to add/change your payment destination</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Bank name</td> <td style="width: 50%;">BSB</td> </tr> <tr> <td><input style="width: 95%; height: 25px;" type="text"/></td> <td><input style="width: 95%; height: 25px;" type="text"/></td> </tr> </table>	Bank name	BSB	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>				
Bank name	BSB								
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>								
<b>10: Account details</b>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Account in the name of</td> <td style="width: 50%;">Account number</td> </tr> <tr> <td><input style="width: 95%; height: 25px;" type="text"/></td> <td><input style="width: 95%; height: 25px;" type="text"/></td> </tr> </table>	Account in the name of	Account number	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>				
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<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>								
<b>11: Account branch/location</b>	<input style="width: 100%; height: 25px;" type="text"/>								

## Details of Service in the Australian Forces

<b>12:</b>	<b>Name on enlistment</b> <i>(if different from name above)</i>	<input type="text"/>
<b>13:</b>	<b>Unit or Branch of service</b>	<input type="text"/>
<b>14:</b>	<b>PMKeyS or Service number</b>	<input type="text"/>
<b>15:</b>	<b>Date enlisted</b>	<input type="text" value="/ /"/>
<b>16:</b>	<b>Date discharged</b>	<input type="text" value="/ /"/>
<b>17:</b>	<b>Place of overseas service</b> <i>(if applicable)</i>	<input type="text"/>

## Details of treating Medical Practitioners

<b>18:</b>	<b>General Practitioner's Details</b>	Full name	<input type="text"/>
		Work telephone	<input type="text" value="[ ]"/>
		Address	<input type="text"/>
			<input type="text" value="POSTCODE"/>
<b>19:</b>	<b>Specialist's Details</b>	Full name	<input type="text"/>
		Work telephone	<input type="text" value="[ ]"/>
		Address	<input type="text"/>
			<input type="text" value="POSTCODE"/>

## Declaration and Authorisation to release personal information

I declare that I am the person named in 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 cancer (malignant neoplasm) or tuberculosis from any medical practitioner, hospital, clinic, health service provider, insurance company, Centrelink, the Department of Defence or other organisation, as required to determine my application.

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 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.

### Signature of veteran

Date

### 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.](#)

### Diagnostic Report (To be completed by the diagnosing GP or Specialist)

Veteran name

Veteran date of birth

 

The above veteran may be eligible for treatment benefits at DVA expense if cancer (malignant neoplasm) or tuberculosis is diagnosed regardless of a relationship between the condition and the veteran's service. Treatment benefits will not be paid by DVA until a diagnosis of cancer (malignant neoplasm) or tuberculosis has been obtained from a medical practitioner.

Has the veteran been diagnosed with a Malignant Neoplasm (Cancer)?

 No Yes

Is this diagnosis a final diagnosis or a request for provisional eligibility?

Final Provisional 

Please specify type of cancer and site:

Has the veteran been diagnosed with Tuberculosis?

 No Yes

Comments

  
  
  

### Details of Medical Practitioner providing advice

Provider signature

  
  

Provider full name

Provider stamp/details

To contact DVA, please address your correspondence to:  
Department of Veterans' Affairs  
GPO Box 9998  
Brisbane QLD 4001  
OR telephone: 1800 555 254