



Appointing a third party to represent a DVA client

When to use this form

Use this form to request a third party (person or organisation) to be:

- permitted to act;
- permitted to act – health;
- permitted to enquire;
- permitted to receive payment, on behalf of a DVA client.

Alternatively, you can appoint a representative using DVA's online claim portal MyService.

You can find MyService at <https://www.dva.gov.au/my-service/#/>

Assistance in managing your affairs

If you receive a DVA payment and/or service, you may at some time need to appoint someone to act on your behalf when dealing with us. This is known as a **representative arrangement**.

The person or organisation nominated to be a representative needs to be willing to take on the role. A representative is obliged to act in your best interest, and to advise DVA of any changes that may affect their ongoing ability as a representative.

If you are able to give consent to this arrangement, it will be considered as voluntary, and both you and your representative will need to sign this form.

Representing clients not able to manage their affairs – involuntary representation

A person or organisation can use this form to request representative arrangements for a DVA client who has lost legal capacity to make their own decisions.

A representative role can only be approved if DVA receives a copy of:

- medical evidence that the DVA client has lost legal capacity;

AND

- legal authority such as an Enduring Power of Attorney, or an order from State or Territory Court, Tribunal or Board appointing the representative to manage the affairs of a DVA client.

NOTE: Only a medical practitioner can give a professional opinion on whether someone has lost legal capacity to make their own decisions. For this reason, an intending or proposed representative will need to provide evidence of this from a medical practitioner.

Your obligations and responsibilities

By signing this form, you understand that the named representative may be approved to act on your behalf in the requested role(s) and will be able to access or update your personal information until DVA is notified otherwise.

Representative obligations and responsibilities

By signing this form, your representative is agreeing to take on the role(s) indicated.

If DVA approves the request, your representative will have access to personal information as authorised by the representative role(s). Your representative agrees not to access, use or disclose information except in accordance with your wishes.

Important information

You can change your permissions or cancel the representative arrangement at any time, **unless** you have lost legal capacity.

To change or cancel a voluntary arrangement:

- call us on **1800 VETERAN (1800 838 372)**;
- use your online account
- write to us.

DVA may review your representative arrangement from time to time. This is to make sure you are happy with the arrangement and that your representative is fulfilling their responsibilities.

If you think your representative arrangement is being misused, call **1800 VETERAN (1800 838 372)**, or visit one of our VAN offices.

Choosing an arrangement

There are different permissions available, and the information below may help you choose which one would suit your needs.

- You can have **more than one** representative permitted to enquire on your behalf.
- You can **only have one** representative permitted to act on your behalf, and **one** payment representative; they do not have to be the same person or organisation.
- For a voluntary arrangement, you may specify the period, or you may indicate it is indefinite.

Permitted to Enquire

A representative **permitted to enquire** can ask questions about your DVA payments and services, including:

- your current rate of payment, debts, and back payment information;
- reason your payment has ceased, increased or decreased; and
- status of your claim, review or other request.

Permitted to Act

A representative **permitted to act** can enquire, provide updates, and make claims and bookings on your behalf. This includes:

- asking questions about your entitlements;
- advising changes to your circumstances;
- completing and signing forms and statements; and
- attending appointments with you.

This representative is required to:

- act in your best interests, taking into account any wishes you have previously expressed;
- advise DVA of any changes in your circumstances within 14 days (within 28 days if outside Australia); and
- respond to notices if required to do so, including reporting notifiable events.

NOTE: Your representative must be aware that failure to respond to a notice means that you have failed to meet your obligations.

Permitted to Act – Health

A representative **permitted to act – health** can enquire, provide updates, and make claims and bookings on your behalf, only for DVA benefits relating to medical treatment matters.

This includes:

- asking questions about your medical conditions for which DVA has accepted liability;
- submit requests/claims for medical health treatment or additional benefits relating to your existing conditions; and
- making your transport bookings to and from medical treatment.

Permitted to receive payment

A representative **permitted to receive payment** will receive your DVA payments on your behalf. This includes appointment as **agents** under section 58D and section 122 of the *Veterans' Entitlements Act 1986* (VEA).

This representative is required to manage your payments according to your wishes, including:

- paying the money to you, **or** managing any money held for your benefit;
- keeping records of payments received and expenditure made;
- paying any remaining funds held to you when you choose to end the representation; and
- transferring any remaining funds held to your legal personal representative upon your death.

NOTE: If you would like DVA to send your payment to an institution (such as a nursing home, hospital or hostel), your permission will allow a group payment arrangement. This means the administrator of the institution that receives your DVA payment, is responsible for deducting fees, and managing any balance owing to you.

Representing clients incapable of managing their affairs

Where there is legal or medical evidence that a DVA client has lost capacity to make their own decisions, a third party may be granted permissions to act **and** to receive payments on their behalf. This includes appointment as **trustees** under section 202 of the VEA.

The person or organisation authorised in such circumstances:

- has the legal right to retain and control the client's DVA payments;
- is obliged to hold and manage such funds for the client's benefit;
- may invest the funds accumulated in a manner authorised by the law of the State or Territory where the client lives;
- must ensure there is no conflict of interest, and that they do not benefit from this arrangement.

Verifying the authority of your representative

Documentation to be provided will depend on the type of third party representative (person or organisation), and your decision-making capacity. This requirement is to protect you, your representative, and DVA from the risk of fraud or misuse.

For an organisation to be your representative, they must have an Australian Business Number (ABN). DVA will verify the details with the relevant registry. The contact person must provide proof of their association or employment with the organisation, such as a statement of delegation or authority on the organisation's/company's letterhead, or a copy of their organisation/company photo identification.

For **involuntary representation**: legal and medical evidence is sought so DVA can verify the extent of the authority, the duration, activation criteria, and any other conditions or limitations of the representation. For details about acceptable evidence, please refer to PART C of this form.

Table: **Summary of documentation requirements**

Seeking to represent...		
	DVA clients with full capacity	DVA clients who can no longer manage their own affairs
Person	(no additional documents)	Legal authority Medical authority
Organisation	Contact's proof of association with organisation	Contact's proof of association with organisation Legal authority Medical authority

If you don't have the right documents, other documents may be acceptable. Contact your nearest DVA or VAN office.

For more information

For more information about authorising a person or organisation to enquire, act, or receive payments, on your behalf, go to:

<https://www.dva.gov.au/factsheet-leg01a-arrangements-other-people-act-your-behalf>

<https://www.dva.gov.au/factsheet-leg01b-arrangements-other-people-receive-payments-your-behalf>

Online Services

Representatives can register for Online Services so they can view or update information.

MyService provides an additional secure and convenient way to do DVA business via the internet.

Visit: <https://www.dva.gov.au/myservice/#/>

Your representative (third party individual) may need to provide Proof of Identity (POI) documents if they are not already known to DVA. POI details can be provided at online registration for validation. Alternatively, your representative may present at a DVA office with approved identity documents, go to <https://www.dva.gov.au/factsheet-dva06-proof-identity-requirements> or contact your nearest DVA or VAN Office to request a copy.

Privacy

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.

If any of the details you have supplied in this form change, you are required to notify the Department within 14 days. There are penalties for failure to notify the Department.

If you are completing this form in by hand:

- Please use **blue** or **black** pen
- Print in **BLOCK LETTERS**
- Mark boxes with a **X** or **✓**

PART A

Your Details (the person the representation is for)

1. DVA File Number

2. Surname

3. Given name(s)

4. Date of birth

/

/

5. Residential address

POSTCODE

6. Postal address
(If different to above).

POSTCODE

Representative Details

Appointing a third party PERSON

7. Title

☐ Mr

☐ Mrs

☐ Miss

☐ Ms

☐ Other

8. Surname

9. Given name(s)

10. Date of birth

/

/

▶ Go to Question 16

Appointing a third party ORGANISATION

11. Trading name of organisation

12. Business name of organisation
(Legal name).

13. Australian Business Number (ABN)
(Mandatory).

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14. Registered office address
(This can be the organisation's principal place of operation).

POSTCODE

15. Organisation contact

Title

☐ Mr

☐ Mrs

☐ Miss

☐ Ms

☐ Other

Given names

Surname

Date of birth

/

/

Position/Role

16. Representative contact details

Postal address

POSTCODE

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Contact phone number

[]

Mobile

--

Contact email

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**17. What is your requested person/
organisation's relationship to you?**(e.g partner, child, advocate, accountant,
Public Trustee)

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**18. Are you appointing this representative
voluntarily?**No ☐ ► Legal and medical evidence is required, Go to **PART C**Yes ☐ ► You can provide written consent for a voluntary representative appointment using
this form. There is no legal document required, Go to **PART B****PART B****Voluntary Representation****19. How long do you want this
representation to last?**From

/	/
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 to

/	/
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 OR ☐ Indefinitely**20. What permissions are you authorising?**(For information about the different
permissions, refer to page 2.If you already have a representative
arrangement in place to act or to
receive payment, this appointment
will automatically cancel the existing
arrangement with DVA.Your existing representative will receive a
letter advising that the arrangement has
been cancelled at your request).

Tick one or multiple boxes for more permissions

☐ Permitted to Act

Do you want your representative to receive mail on your behalf?

No ☐ Yes ☐ ► Mail will be sent to the address you provided at **Question 16**.
If granted this permission, your representative will need to tell
you about mail promptly, in case you need to respond.☐ Permitted to Act – Health☐ Permitted to Enquire☐ Permitted to Receive Payment - Please complete the account details below.**Authorising “Permitted to Receive Payment” and providing account details means you
agree for your payments to be sent to your representative at the account below, for the
period you nominated at Question 19.**

Name of bank, building society or credit union

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Branch Number (BSB)

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Account Number

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Account held in the name(s) of

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► **Your representative must tell DVA if they change this account.****21. Do you give permission for your
representative to have online access to
your DVA details?**(If your representative is only *Permitted to
Enquire*, they will have view-only access online).No ☐ Yes ☐ ► Register for MyService then link your account to myGov.
Once linked, use your myGov login details to access MyService.
Visit: <https://www.dva.gov.au/myservice/#/>

Your Declaration

I **declare** that the information I have given in this form is complete and correct.

I **authorise** the person or organisation named on this form, to deal with DVA on my behalf, according to the arrangement shown on this form.

I understand that:

- if my arrangement is voluntary, I can cancel it with DVA at any time;
- giving false or misleading information is a serious offence;
- the arrangement may be rejected or cancelled at any time by DVA, if the person or organisation is not able to meet their responsibilities or obligations.

(If the DVA client is physically or mentally incapacitated and are therefore unable to sign, leave the signature box below blank. Instead, provide with this form a letter from a medical practitioner stating the reasons why the person is unable to sign).

22. Your signature



Date

/ /

► **The proposed representative must read and sign the “Acceptance and Declaration” section in PART D before you submit this form to DVA.**

PART C

Clients not able to manage their affairs – Involuntary Representation



Legal and medical evidence is required.

There are different types of legal appointments, and there are differences between each state and territory in Australia. The legal evidence should support your authority to deal with financial matters, health matters, or both, on the client's behalf. Your DVA representative role will be subject to any conditions specified in the legal document, such as but not limited to the extent of authority, time frames and activation criteria.

Medical evidence of incapacity should be from a medical professional who has assessed the DVA client and found that person to have lost their decision-making capacity. Unless the legal authority indicates otherwise, acceptable medical evidence includes a copy of a recent letter or report from a treating doctor, hospital registrar, Director of Nursing or other medical specialist.

23. Please give details of the payment account if authorised and would like to receive payment on the client's behalf

Name of bank, building society or credit union

Branch Number (BSB)

Account Number

Account held in the name(s) of

► **Your representative must tell DVA if they change this account.**

24. Do you require online access to view and/update your DVA client's details?

No ☐

Yes ☐ ►

Register for MyService then link your account to myGov.
Once linked, use your myGov login details to access MyService.

Visit: <https://www.dva.gov.au/myservice/#/>

PART D

Acceptance and declaration by the representative person or organisation

Checklist

- ☐ Check that your personal and/or organisation details (including the ABN) are correct, and you have read the information about the types of permissions.
- ☐ If you have completed **PART C**, make sure you have attached legal and medical evidence.
- ☐ If you are completing this section for the nominated organisation, please provide after the Signature section below, the organisation's official stamp, or attach a statement on the organisation's official letterhead agreeing to the proposed arrangement.

Declaration

I declare that I understand and accept the responsibilities and obligations for the arrangement requested in this form.

I understand that:

(For individual representative)

- I am not to delegate any of the powers and duties to another person.

(For Organisation representative)

- I am not to delegate any of the powers and duties to a person outside the organisation nominated in this form.

(All representatives)

- Any personal information I am given access to under this arrangement is protected under Commonwealth legislation.
- I agree to access, use or disclose the information only as authorised by the person to whom the information relates.
- I must notify DVA within 14 days if I am no longer able to fulfil my responsibilities as a representative.
- My appointment as a representative may be revoked or suspended by DVA, if I do not comply with my responsibilities or obligations.

Giving false or misleading information is a serious offence.

25. Signature of individual representative or contact person for the nominated organisation



Date

/ /

26. Organisation's official stamp

Returning this form

Check that you have answered all the questions you need to answer, and that you have signed and dated the form.

The form and all supporting documents are to be returned to DVA by mail to:

Department of Veterans' Affairs
GPO Box 9998 Brisbane QLD 4001

or in person to a VAN Office.