



# Application for a Gold Card for Australians involved in Civilian Surgical-Medical Teams as part of the Southeast Asia Treaty Organisation (SEATO) aid program during the Vietnam War

## Important information

Health care treatment for all conditions is available for Australian members of the SEATO Civilian Surgical and Medical Teams in Vietnam.

## Who is eligible?

A member of the surgical and medical teams employed in Vietnam by the Department of External Affairs between October 1964 and December 1972 as part of a SEATO aid program to South Vietnam. This can include doctors, nurses, administration and technical personnel who were part of the teams.

## 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:

**SEATO Surgical Medical Team Members  
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;
- have received or start receiving a payment or treatment from Comcare in relation to your employment in Vietnam.

## 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 VETERAN (1800 838 372)**

<b>Part A</b>	<b>Participant's Details</b>
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1. **Surname**

2. **Other names (in full)**

3. **Name employed under in Vietnam (if different)**

4. **Date of birth**

5. **Current address**   
 POSTCODE

6. **DVA File Number (if applicable)**

7. **Daytime phone number**

8. **Are you an Australian resident?** No  Yes

9. **Do you receive, or have you ever received treatment or compensation from an Australian Government body (such as Comcare) in relation to conditions caused by your employment in Vietnam?** No   
 Yes  ► Please specify


► **Note:** DVA will be required to notify Comcare if your claim for Gold Card is successful.

10. **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  Yes

A Torres Strait Islander Australian?  
 No  Yes

**Part B**

**Australian Civilian – SEATO Surgical Medical Team**

**11. Details of your participation in the SEATO Aid program**  
*(if insufficient space, attach separate sheet)*

**A** Occupation during your participation


**B** Describe the nature of your participation


**C** State or Hospital Team you were involved with (e.g. Prince Alfred Hospital, South Australian Team)

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**D** Areas in Vietnam where you worked (e.g. Bien Hoa, Ba Ria, Vung Tau, Long Xuyen)

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**E** Your role (e.g. Team Leader, Surgeon, Anaesthetist, Paediatrician, GP, Nurse, Technical staff - specify)


**F** What dates were you in Vietnam?

From	<input type="text" value="/ /"/>	To	<input type="text" value="/ /"/>
From	<input type="text" value="/ /"/>	To	<input type="text" value="/ /"/>
From	<input type="text" value="/ /"/>	To	<input type="text" value="/ /"/>
From	<input type="text" value="/ /"/>	To	<input type="text" value="/ /"/>

**G** Who was your team leader?

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***Please attach any additional documentation that provides evidence of your participation.***

**Part C****Pharmaceutical Supplement**

**Pharmaceutical Supplement may be payable if you do not already receive an equivalent payment. Your eligibility for the supplement will be determined when the decision is made about your Gold Card application.**

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

No  ▶ Please go to Question **13**

Yes  ▶ Your Centrelink reference number

What type of payment do you receive from Centrelink?

**Part D****Account Details**

**13. 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

  

**Part E****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**

**Part F****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: SEATO Surgical Medical Team Members  
GPO Box 9998  
Brisbane, QLD, 4001**