



Australian Government

Department of Veterans' Affairs

Application to Determine Qualifying Service by a Veteran or Mariner

This form should be completed by a veteran or mariner who would like to know if their service might qualify them for a service pension.

This form is *NOT* a claim for service pension. A veteran or mariner should complete Form D0503 (*Claim for Service Pension by a Veteran or Mariner*) if they wish to claim for a service pension.

In case pages of this form become separated please place your name on the top of each page.

The information sought on this form and on any additional forms is required to assess your eligibility for a benefit under the *Veterans' Entitlements Act 1986*. It may also be used to determine eligibility for benefits under the *SRC Act 1988*. The Act requires that an application for a determination of qualifying service be made on this form, approved by the Repatriation Commission.

Information contained in this form and on any additional forms may be provided to another Agency or body. These Agencies or bodies include:

- Centrelink and the Australian Taxation Office for the purposes of matching information;
- the Department of Health and Ageing for income testing in relation to aged care services;
- the Health Insurance Commission for treatment account payments;
- the various State or Local Government authorities to verify your eligibility for rebates or concessions relating to rates, electricity, transport, motor vehicles and ambulance;
- doctors and other health providers to provide treatment; and
- superannuation funds to establish income/assets.

Giving false or misleading information is a serious offence.

If any of the details you give in this form change, you are required under section 54 of the *Veterans' Entitlements Act 1986*, to notify the Department within 14 days. There are penalties for failure to notify the Department.



For more information please call the Department of Veterans' Affairs (from anywhere in Australia) on:

133 254

Callers from regional Australia can call:

1800 555 254

To contact your local Veterans' Affairs Network (VAN) Office please call:

1300 55 1918

If you wish to call DVA in another State please call:

1300 13 1945



The addresses of the Department of Veterans' Affairs offices are:

State Offices:

Sydney

Centennial Plaza Tower B
280 Elizabeth Street
GPO Box 3994
Sydney NSW 2001

Adelaide

Blackburn House
199 Grenfell Street
GPO Box 1652
Adelaide SA 5001

Melbourne

300 Latrobe Street
GPO Box 87A
Melbourne VIC 3001

Perth

AMP Building
140 St Georges Terrace
GPO Box F352
Perth WA 6001

Brisbane

Macarthur Tower
259 Queen Street
GPO Box 651
Brisbane QLD 4001

Hobart

21 Kirksway Place
Cnr Gladstone Street
GPO Box 481
Hobart TAS 7001

Please write in BLOCK LETTERS using a blue or black pen (not pencil).
You must answer all questions as directed.

About You

1. DVA file number (if known)

2. Your surname

3. Given name(s)

4. Current residential address
 Postcode

5. Have you lived at your current residential address for more than 12 months? No - Please provide your previous address

Yes - Go to question 6

Postcode

If more than one address, please attach separate sheet giving other address

6. Postal address (if same as residential, write 'AS ABOVE')
 Postcode

7. Telephone number(s)

Home

Work

Is the phone connected in your name where you live? No

Yes

8. Date of birth

9. Place of birth

Town

State

Country

About your service (Veterans only) - Mariners go to Question 19

10. In which branch(es) of the armed forces did you serve?

Country of forces	Branch of armed forces (please tick)				Other (please specify)
	Army	Marines	Navy	Air Force	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11. Please give details of enlistment(s) (list all countries in whose armed forces you served)

Date of enlistment (approx. if unsure)	Place of enlistment			Service number
	Town	State	Country	
/ /				
/ /				
/ /				

If insufficient space, please attach a separate sheet giving the required details.

12. Please give details of discharge(s)

Date of discharge (approx. if unsure)	Place of discharge		
	Town	State	Country
/ /			
/ /			
/ /			

If insufficient space, please attach a separate sheet giving the required details.

13. Did you serve under any names other than the one on this form?

No

Yes

- State other name(s) used

--

14. Did you serve outside the country of your enlistment?

No

Yes

- Please provide details below.

Period served (approx. if unsure)	Country or area where you served
From / / to / /	
From / / to / /	
From / / to / /	

If insufficient space, please attach a separate sheet giving the required details.

About your service (Veterans only) - (Continued)

15. Did you experience danger from hostile enemy forces, including within Australia, at a time when you were on operations against the enemy?

No

Yes - Please provide details below.

Date of action (approx. if unsure)	Nature of enemy activity	Area or location of enemy activity
/ /		
/ /		
/ /		

If insufficient space, please attach a separate sheet giving the required details.

16. Did you travel overseas or around the Australian coast by sea (including Bass Strait crossings) during World War II?

No

Yes - Please provide details below.

	1	2	3
Name of vessel			
Date(s) of voyage (approx if unsure)	From / / to / /	From / / to / /	From / / to / /
Port of embarkation			
Port of disembarkation			
Ports of call (if any)			

If insufficient space, please attach a separate sheet giving the required details.

17. List any campaign medals you are eligible for or have been awarded. (If you are an Australian veteran, please include bomb and minesweeping medals).

18. Were you a Prisoner of War?

No

Yes - Where were you imprisoned?

About your service (Mariners only)

19. List all countries in whose merchant navy you have served.

20. Please give the relevant information in relation to each ship you served on during WWII:

	1	2	3
Ship's name			
Port of registration			
Port engaged			
Date engaged			
Port discharged			
Date discharged			
Purpose of voyage			
Ports of call			

21. List any campaign medals you are eligible for or have been awarded.

22. Were you a Prisoner of War?

No

Yes

- Where were you imprisoned?

Attachments

To help the Department make a decision quickly, please attach to this form, any papers you have, such as;

- DISCHARGE CERTIFICATE
- STATEMENT OF SERVICE
- CERTIFICATE OF EMPLOYMENT ON MERCHANT VESSELS
- CERTIFICATES FOR THE AWARD OF CAMPAIGN STARS/MEDALS etc.

The papers you forward to the Department with this form will be returned to you by certified mail.

Any documents in a foreign language must be accompanied by a certified translation in English.

Please Note

*The Department will NOT accept any responsibility for any action taken (e.g. early retirement) in anticipation of being eligible for a service pension. Even if it is determined that you have qualifying service, you will need to satisfy other eligibility requirements such as the income and assets tests and residency. It is advisable to have your eligibility confirmed in writing **before** you retire.*

Declaration

- *I declare that the details I have given in this form are complete and correct.*
- *I authorise the Department of Veterans' Affairs to obtain from other organisations, any information that is required to determine my qualifying service.*
- *I have never at any time served with a force or on a vessel that was at war with Australia, nor have I ever assisted such a force.*
- *I am aware that there are penalties for making false statements.*
- *I consent to the disclosure by other organisations of any information required by the Department of Veterans' Affairs to determine my qualifying service.*
- *I consent to the release of relevant information relating to my qualifying service to the person or organisation named in the Authority overleaf, who is acting on my behalf in relation to this application.*

Signature of Veteran or Mariner*

Date

*** If the veteran or mariner is unable to sign this form because of mental or physical disability:**

- sign the form on behalf of the veteran or mariner; and
- complete the authority on the next page for you to act on behalf of the veteran or mariner

Authority to act on behalf of a veteran or mariner

The veteran or mariner may elect to have a friend or relative, or an ex-service organisation (or its representative) act on behalf of the veteran or mariner 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 veteran or mariner a certified copy of that authorisation should be forwarded with this application.

(Name of veteran or mariner)

I declare that I am authorised by to act on behalf of the veteran or mariner in matters relating to this application.

Your surname

Given name(s)

Address

Postcode

Telephone number(s)

Home

Work

Your relationship to the veteran or mariner

Your signature

Date