



Application for a Gold Card for Veterans of Australia's Defence Force

Who should complete this form

This form is used to claim a Gold Card for veterans aged 70 years or more who have qualifying service.

To be eligible, you must:

- be at least 70 years old;
- be an Australian veteran or mariner;
- have rendered qualifying service.

Qualifying service

To have qualifying service as a World War II veteran, you must have served during the period of hostilities and incurred danger from hostile forces of the enemy. You may also have qualifying service if you were involved in mine-sweeping and bomb clearance operations after the war.

To have qualifying service for conflicts after World War II, you must have been allotted for duty and served in an operational area. If you have served as a member of the Australian Defence Force in operations declared to be "warlike" by the Minister for Defence, you have qualifying service.

Legal authority to collect information

Personal information is protected by law. The authority to collect this information is contained in the *Veterans' Entitlements Act 1986* (VEA).

Why we need the information

The information sought on your claim form is required to:

- determine your qualifying service;
- assess your eligibility for a Gold Card;
- assess your eligibility for pharmaceutical allowance;
- enable payment of pharmaceutical allowance to your account.

Giving false or misleading information is a serious offence.

Sharing the information with others

The information contained in the claim form may be provided to other agencies or bodies, including:

- Centrelink and the Australian Taxation Office for the purposes of the data matching;
- Medicare Australia for treatment account payment;
- doctors and other health service providers to provide treatment;
- the various Federal, State or Local Government authorities or business enterprises and private business enterprises to verify your eligibility for rebates or concessions.

Freedom of Information

The *Freedom of Information Act 1982* gives you the right to obtain information about yourself. You need to apply to DVA in writing and fees and charges may apply.

Proof of identification

You are required to show proof of identification 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 the account to which your pharmaceutical allowance is paid;
- start receiving pharmaceutical allowance from Centrelink;
- leave Australia.

How to contact DVA

For 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

State	Address	Postal address
New South Wales	Centennial Plaza Tower B 280 Elizabeth Street Sydney NSW 2001	GPO Box 3994 Sydney NSW 1141
Victoria	300 Latrobe Street Melbourne VIC 3000	GPO Box 87A Melbourne VIC 3001
Queensland	Bank of Queensland Centre 259 Queen Street Brisbane QLD 4000	GPO Box 651 Brisbane QLD 4001
South Australia	Blackburn House 199 Grenfell Street Adelaide SA 5000	GPO Box 1652 Adelaide SA 5001
Western Australia	AMP Building 140 St Georges Terrace Perth WA 6000	GPO Box F352 Perth WA 6001
Tasmania	21 Kirksway Place Cnr Gladstone Street Hobart TAS 7004	GPO Box 481E Hobart TAS 7001
Northern Territory	Suite 8 Cascom Centre 15 Scaturchio Street Casuarina NT 0810	GPO Box 42496 Casuarina NT 0811
Australian Capital Territory	Cnr Moore & Rudd Streets Canberra ACT 2600	GPO Box 802 Canberra ACT 2601

Please write in block letters with a blue or black pen (not pencil)

SECTION A

Veteran's or Mariner's personal details

1 DVA File No. (if known).

2 Title (Mr, Mrs, Ms, Dr, etc.).

3 Surname.

4 Given name(s).

5 Date of birth.

6 Residential address.

<input type="text"/>
<input type="text" value="POSTCODE"/>

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

<input type="text"/>
<input type="text" value="POSTCODE"/>

8 Telephone number.

Home

Work

Mobile

9 Did you serve under any name other than the one on this form?

No ▶ Please go to Question **10**

Yes ▶ Please give details

Other name(s) used	Date of birth (if different from above)
<input type="text"/>	<input type="text" value="/ /"/>
<input type="text"/>	<input type="text" value="/ /"/>

10 Have you previously had a decision made by the Department on your qualifying service?

No ▶ Please go to Question **11**

Yes ▶ Please go to Question **20**

Don't know ▶ Please go to Question **11**

11 Are you a:

Veteran ▶ Please go to Question **12**

Mariner ▶ Please go to Question **17**

12 Please provide your enlistment and discharge details.



Please attach any documents you have (e.g. Discharge Certificate, Pay Book).

Date enlisted	Place enlisted	Army/Navy/RAAF	Service number	Unit/Depot/Ship	Date discharged	Place discharged
/ /					/ /	
/ /					/ /	
/ /					/ /	

13 Did you travel/serve overseas?

No ▶ Please go to Question **14**

Yes ▶ Please give details

Country or area	Date you left Australia	Date returned	Unit/Ship/Squadron
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

14 Please list any campaign medals, stars, or General Service Medals with bomb and mine clearance clasps you have been awarded and any that you are eligible to be awarded.

Full title of medal

.....

15 Please give details of your service if you served during WWII but did not serve outside Australia or its coastal waters.

Location	Period served
	/ / to / /
	/ / to / /
	/ / to / /

16 Did you experience danger from hostile forces of the enemy?

No ▶ Please go to Question **20**

Yes ▶ Please give details

Date of action (approx. if unsure)	Nature of enemy activity	Area or location of enemy activity	What danger did you experience?	What were you doing at the time?
/ /				
/ /				
/ /				

If insufficient space, please attach a separate sheet

▶ Please go to Question **20**

17 Please provide your service details for WWII service only.



Please attach a copy of your Continuous Certificate of Discharge

Rank or grade	Name of ship	Country of registration	Ports	Voyage dates
			Embarked	From / /
			Disembarked	To / /
			Embarked	From / /
			Disembarked	To / /
			Embarked	From / /
			Disembarked	To / /

If insufficient space, please attach a separate sheet

18 Please give details of your service if you served during WWII but did not serve outside Australia or its coastal waters.

Location	Period served
	/ / to / /
	/ / to / /
	/ / to / /

19 Did you experience danger from hostile forces of the enemy?

No ► Please go to Question **20**

Yes ► Please give details

Date of action (approx. if unsure)	Nature of enemy activity	Area or location of enemy activity	What danger did you experience?	What were you doing at the time?
/ /				
/ /				
/ /				

If insufficient space, please attach a separate sheet

SECTION D**Pharmaceutical Allowance****20 Do you receive pharmaceutical allowance?**No ▶ Please go to Question **21**Yes ▶ Who from?DVA ▶ Please go to DeclarationCentrelink ▶ Please go to Declaration**21 Do you receive any payments from Centrelink (other than Family Tax Benefit)?**No ▶ Please go to Question **22**Yes ▶ Your Centrelink reference number

What type of payment do you receive from Centrelink?

22 Do you have a partner?No ▶ Please go to Question **23**Yes ▶ Partner's surname

Partner's given name(s)

Does your partner receive any payment from Centrelink (other than Family Tax Benefit)?

No ▶ Please go to Question **23**Yes ▶ Partner's Centrelink reference number

What type of payment does your partner receive from Centrelink?

SECTION E**Account details****23 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

SECTION F**Declaration**

- I declare that the details I have given in this form are complete and correct.
- 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 giving false or misleading information is a serious offence.
- I authorise the Department of Veterans' Affairs (DVA) to obtain from other organisations, any information that is required to determine my qualifying service.
- I consent to the disclosure by other organisations of any information required by DVA to determine my qualifying service.
- I consent to the disclosure of information required by the agencies or bodies as listed on page 1 of this form.
- I consent to the release of relevant information relating to my qualifying service to the person or organisation named in the Authority below, who is acting on my behalf in relation to this application.
- I am aware that I cannot receive pharmaceutical allowance from both DVA and Centrelink.

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 below for you to act on behalf of the veteran or mariner.

VETERAN'S OR MARINER'S SIGNATURE


Date

/ /

SECTION G**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.

I declare that I am authorised by

to act on behalf of the veteran or mariner in matters relating to this application.

Your full name

Your relationship to the veteran or mariner

Address

POSTCODE

Telephone

 Home [] Work []
AUTHORISED PERSON'S SIGNATURE


Date

/ /