



Vietnam Veterans' Sons and Daughters Support Program (WSDSP) Application for Registration

Use this form to

Apply for registration to participate in the Vietnam Veterans' Sons and Daughters Support Program (WSDSP). The WSDSP is available to assist the children of Vietnam veterans who have certain medical conditions. You may be eligible if you have one or more of the following medical conditions - acute myeloid leukaemia; adrenal gland cancer; spina bifida manifesta; cleft lip; and/or cleft palate.

Information

In addition to providing this form, signed and completed, you will need to provide:

- a certified copy of your **birth certificate**;
- a **medical certificate** stating that you are suffering from an eligible condition and specifying the nature of that condition;
- your **Vietnam veteran parent** details; and
- a copy of the **guardianship order or Power of Attorney** (*if applicable*).

Filling in your application

This form can be completed by the applicant, or the parent (of a minor child), guardian or person with Power of Attorney (*if applicable*). Please complete the questions in all **Sections**.

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](#)

Contact details

For enquiries relating to this application please call:

1800 VETERAN (1800 838 372)



Please send your completed application form and documentation to:

The Program Manager


Vietnam Veterans' Sons and Daughters Support Program (WSDSP)

Department of Veterans' Affairs

GPO Box 9998

Brisbane, QLD, 4001

SECTION A**Applicant Details**

- 1 Title of applicant** Mr Mrs Miss Ms Other
- 2 Surname**
- 3 Given name(s)**
- 4 Date of birth**
- 5 Postal address**
- 6 E-mail address**
- 7 Daytime telephone number**
- 8 Mobile number**
- 9 What condition(s) do you suffer from?** Spina bifida manifesta Acute myeloid leukaemia
Cleft lip Adrenal gland cancer
Cleft palate
-  Please attach medical certificate
- 10 Are you, the applicant or a member of a private health fund?** No Yes **Name of your private health fund**
Level of cover
 Hospital Extras Both

SECTION B**Vietnam Veteran Parent Details**

- 12 Title** Mr Mrs Miss Ms Other
- 13 Surname**
- 14 Given name(s)**
- 15 Service number**
- 16 Rank**

SECTION B**Vietnam Veteran Parent Details** *cont...***17 Veterans' Affairs Client File Number**
(if applicable)**18 Date of Vietnam operational service** / / to / / **SECTION C****Parent (of a minor child)/Guardian/Power of Attorney*
Details (if applicable)****19 Title**Mr Mrs Miss Ms Other **20 Surname****21 Given name(s)****22 Legal status**Parent (of a minor child) Guardian The person with Power of Attorney Please attach a copy of Guardianship
or Power of Attorney (if applicable).**23 Is your mailing address and telephone
number the same as the applicant's?**No ► What is your address?Yes

 POSTCODE

Phone number

Mobile

*Where a person signs under a Power of Attorney or guardianship, a certified copy of the Power of Attorney or guardianship order must be forwarded with this application

SECTION D

Declaration and Consent

- I am not currently receiving compensation payments intended to cover any treatment of acute myeloid leukaemia, adrenal gland cancer, spina bifida manifesta, cleft lip and/or cleft palate.
- I consent and authorise a person considering my application for registration to the VVSDSP Program, if required, to contact the assessor and/or provider of the service(s) for the purpose of checking and releasing to the Department of Veterans' Affairs information and/or verification related to any benefit program or assistance provided by the Commonwealth, State/Territory or local government or community based programs.
- I acknowledge that, under the VVSDSP, I will be entitled to financial assistance in respect to my registered medical condition only. I undertake not to make any claims under the program in respect of any other medical condition.
- I have read and understand the privacy note.
- I declare that the details I have provided in this form are, to the best of my knowledge, correct. I understand that giving false or misleading information is a serious offence.

Please print name of applicant or parent (of a minor child), guardian or person with Power of Attorney

Signature of applicant or (if applicable) parent (of a minor child)*, guardian* or person with Power of Attorney*

Date

* By signing as the parent (of a minor child), guardian or person with the Power of Attorney you are accepting, on behalf of the applicant, that the information supplied, including the listed declarations and consent are, to the best of your knowledge, correct.

Please return your completed form together with the following:

- **a certified copy of your full birth certificate;**
- **a medical certificate of your condition;**
- **the Vietnam veteran parent details; and**
- **a guardianship order or Power of Attorney (if applicable).**

To:



**The Program Manager
Vietnam Veterans' Sons and Daughters Support Program (VVSDSP)
GPO Box 9998
Brisbane, QLD, 4001**

Status of applicant confirmed

Birth certificate sighted

Status of Vietnam veteran parent confirmed

Medical certificate of condition sighted

Guardianship/Power of Attorney documentation sighted

WSDSP OFFICE USE ONLY

Name of VVSDSP Program Manager

Signature of Program Manager

Registration date

VVSDSP ID number