

# Application Form for the Health Support Service for Dioxin Exposed People

- Use blue or black biro pen
- PRINT IN BLOCK CAPITALS
- Cross out any errors
- Please read guidance notes before completing this form

## Who is this application for?

1. Are you applying for: Tick one

Yourself? or

A person with a disability or language difficulty that prevents them completing the form themselves?  
(Only provide information for the person who the application is for, not for you.)

## About you

2. What is your full name?

Given or First Names

Surname or Family Name

3. What is your date of birth?

Day

Month

Year

## Contact details

4. Where do you currently live?

Unit/flat

Street No

Street Name

Suburb

City/Town

Post code

5. What is your postal address (if different from above)

PO Box

Post code

6. What are your contact telephone and email details?

*We will use these details if we need to contact you to discuss your application.*

Home

Mobile

Email

## Health information

You do not need to give us any of your medical history.

### 7. What is your NHI (National Health Index) number?

An NHI number is a unique number that is assigned to each person using health and disability support services. If you do not know your NHI number, leave this blank.

NHI Number

### 8. What is the name of the GP, family doctor, or medical centre from which you wish to receive your annual health check, and their contact details?

If your application is accepted, we will let your GP, family doctor or medical centre know.

Name

Postal address

## Entitlement to publicly funded services in New Zealand

### 9. Are you a New Zealand citizen or ordinarily resident in New Zealand?

Yes  No

If no, please give us details of your immigration status as you may still be eligible.

## Your eligibility for the health support service

### 10. Which eligibility criteria do you meet? Tick all that apply and give details under each.

For each of the criteria you meet, please tell us the address(es) of where you lived or worked (or the name of the business/workplace) and the approximate dates that you lived or worked there.

Please provide documents that show you meet one of the criteria or sign the statutory declaration on the back page.

You do not need to give us any of your medical history.

Lived within the defined area (see Box 1 of Guidance notes) for at least one year between 1962 and 1969 or five years between 1970 and 1987.

Worked at the IWD factory for at least six months between 1962 and 1987.

*If you worked at the IWD factory please also tell us about how many hours a week, on average, that you worked there.*

Worked elsewhere within the defined area (see Box 1 of Guidance notes) for at least one year between 1962 and 1969 or five years between 1970 and 1987.

*If you worked elsewhere within the defined area please also tell us about how many hours a week, on average, that you worked there.*

Lived at the power station workers' camp, to the north of the IWD factory, for at least six months between 1969 and 1974.

*If you lived at the power station workers' camp you only need to tell us the dates that you lived there.*

Pupil at Moturoa primary school for at least one year between 1962 and 1969 or five years between 1970 and 1987.

*If you were a pupil at Moturoa primary school you only need to tell us the dates you went to school there.*

11. If you do not strictly meet any of the eligibility criteria but you feel you should be eligible for the health support service, please explain here.

*Tell us why you do not strictly meet the criteria but why you think you should be eligible because of where and when you lived or worked. Provide as much detail as possible. If needed, continue on a separate sheet.*

## Proof of eligibility

12. Have you attached documents to this application form that prove that you are eligible because of where you lived, worked, or went to school? *Tick one*

**Yes** Give a brief description of these documents here and indicate whether you would like these documents returned to you.

**No** You must complete the **Statutory Declaration** on the next page.

## Signature

- I declare that the information provided in this application is, to the best of my knowledge, true, complete, and correct.
- I confirm I have read the section relating to privacy and disclosure of information in the guidance notes to this application.

Signature of person who is applying

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Day

Month

Year

## Making a Statutory Declaration

You must complete this page if any of these apply:

- You have not given us documents that prove that you meet the eligibility criteria for the Health Support Service for Dioxin Exposed People.
- You completed this application on behalf of someone else.

Otherwise leave this page blank.

## Statutory Declaration

*This Statutory Declaration must be signed in the presence of a Justice of the Peace, a Barrister and Solicitor, a notary public, a Registrar or Deputy Registrar of a Court, a Registered Legal Executive (fellow of NZILE), a Member of Parliament or a Government Officer who has authority to take Statutory Declarations.*

Please state your full name

Given or First names

Surname or Family name

Please state your full residential address *Give street number and name, suburb, town/city, postcode and country. Do not give a Post Office Box number or Private Bag number.*

I solemnly and sincerely declare that: *Tick all that apply*

- I have completed this application on behalf of a person with a disability or language difficulty that prevents them completing the form themselves.
- The information provided in this application is true.

**I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.**

Signature

Declared at

town/city

This (day) of (month)

year

Witnessed by

This signature has been witnessed by me

Signature of Witness

Title of Witness

*PLEASE STATE: Justice of the Peace, a Barrister and Solicitor, a notary public, a Registrar or Deputy Registrar of a Court, a Registered Legal Executive (fellow of NZILE), a Member of Parliament or a Government Officer who has authority to take Statutory Declarations.*