

Documents Checklist – DVA Claims

Please review the following Checklist and provide the documents marked as **required** by your Advisor.

Required	Document	Comments	Copy Included
<input type="checkbox"/>	General Consent Authority	Provides RSL DefenceCare authority to talk to DVA regarding your claim.	<input type="checkbox"/>
<input type="checkbox"/>	Identification Documents	Please refer to Claim form or DVA Factsheet DVA06 - 100 Points of ID or OBAS Adviser.	<input type="checkbox"/>
<input type="checkbox"/>	Injury or Disease Details Sheet	One form to be completed per each injury/disease/condition being claimed	<input type="checkbox"/>
<input type="checkbox"/>	Non-liability Health Care	Non-liability Health Care allows former and current ADF personnel depending on their eligibility to receive treatment for various diagnosed conditions.	<input type="checkbox"/>
<input type="checkbox"/>	AC563/Sentinel Report	To request copies of personal WHS Event Reports use the ICT Service Request Catalogue (SRC) and search for WHS - Incident / Event Report Request . Submit your request including your Full Name, PMKeys/Service ID, DOB and any relevant information. If you do not have DRN access please email your request to whs.stars@defence.gov.au with your Full Name, PMKeys/Service ID and DOB. Please note in your email that you do not have DRN access and any relevant information. The STARS team will log the ICT job. Alternatively, call the WHSCAR Help Desk: 1800 220 820	<input type="checkbox"/>
<input type="checkbox"/>	Medical Records	Make two copies of your entire medical record, submitting one and keeping the other safe. It is preferable to separate the documents pertaining to your claimed injury i.e. Specialist reports, clinical notes, PM101 restrictions etc.	<input type="checkbox"/>
<input type="checkbox"/>	Entry Medical Records	These are usually the first thing placed in your Medical Records, and these are imperative to establish your state of health on entry to the Defence Force.	<input type="checkbox"/>
<input type="checkbox"/>	Medical Classification	If you have been subject to a medical downgrade for any reason these documents should be submitted with your claim.	<input type="checkbox"/>
<input type="checkbox"/>	ADO Service Record or Posting History Printout	This is available as a print out from PMKeys Self Service or Customer Service Centre. This outlines any operational and posting history.	<input type="checkbox"/>
<input type="checkbox"/>	Discharge/Separation Notice	If your downgrade has resulted in a medical discharge then a copy of the relevant documents and signals should be attached to your claim if possible. If you have elected to discharge at own request it is still important to submit this information as part of your claim.	<input type="checkbox"/>
<input type="checkbox"/>	Witness Statements	Witness statements are written in the words of the witness and need to be dated/signed. They should relate to an incident which sheds light on the extent, cause or aggravation of the claimed injury/disease	<input type="checkbox"/>
<input type="checkbox"/>	Attributing Statement	This is to be written in your own words as a factual statement of the events surrounding your Injury/Condition/Disease, and how the injury/disease is connected to your Defence service. It is not a timeline of every appt attended; it is explaining what happened – Who/How/What/Where/Why? Refer to Attributing Statement of Claim Guideline.	<input type="checkbox"/>
<input type="checkbox"/>	Claim Form	This will be completed with the assistance of the Claim Adviser. <input type="checkbox"/> D2051 MRCA Claim Form <input type="checkbox"/> D2020 SRCA Claim Form <input type="checkbox"/> D2051 VEA Claim Form	<input type="checkbox"/>
<input type="checkbox"/>	Qualifying Service	Application to determine whether you have rendered Qualifying Service.	<input type="checkbox"/>
<input type="checkbox"/>	Lifting Spread Sheet	If your contention is related to Lifting/Loading	<input type="checkbox"/>
<input type="checkbox"/>	Defence Archive Request	This form is for ex-members of the ADF to request information on Personal and Health Records held by the Department of Defence. The form is to be emailed to ADF.Records@defence.gov.au	<input type="checkbox"/>

Attributing Statement for Claim

It is important that you provide DVA with evidence to support your claim.

This is to be written **in your own words** as a factual statement of the events surrounding your Injury/Condition/Disease, outlining how the injury/disease is connected to your Defence service. It is not a timeline of every appointment attended.

Personal Details - To be on each page of your statement (approx. 1-2 pages is sufficient.)

- Full Name
- Date of Birth
- PMKeys / Service Number
- Rank / Category / Arm of Service
- Postal Address
- Phone Number

Statement Details – What are DVA looking for in your contention? Below are points to consider when writing your statement

- The specifics of the injury should be stated – time – date – location - it is explaining what happened – Who/How/What/Where/Why?
- Describe how your Service is related to the injury – **there must be a Causal link to your ADF service**
- If an Injury – What was the mechanism of injury – How did you sustain it? What were you doing at the time
- Signs and Symptoms of the Injury / Condition / Disease
- Names of any treating Specialists/Psychologist/Psychiatrists that you have seen – this will enable DVA to contact them if they require any reports during the course of the investigation of your claim
- When dealing with cumulative conditions (compartments syndrome or shin splints for example) where no specific injury or event has been recorded on an Incident Report a paragraph to this effect should be provided; “As a result of this condition being cumulative in nature, and not attributable to one specific incident or circumstance, no accident report has been completed in relation to this condition.”
- If you are contending that your injury is due to lifting heavy items, provide a list in your statement of the item/weight (KG)/how many times a month lifted & carried