

SUBMISSION TO THE VETERANS' REVIEW BOARD

Assessment of disability pension — seeking intermediate or special rate

Select the appropriate Case type.

Applicant:

VRB No:

Set out all the relevant events and dates concerning the claim and application for review. State the folio numbers of the s137 report for each event. Identify what was claimed, what was decided, and what is sought to be reviewed.

Case type 1.

History of the claim

Assessment following successful claim for disability pension

1. On **[date of lodgement of claim]**, the applicant made a claim for pension in respect of incapacity from **[disabilities as described by the claimant]** (folios #-#).
2. On **[date of determination of claim]**, a delegate of the Repatriation Commission determined the claim, accepting **[disabilities accepted as described by delegate]** with effect from **[date of effect]**. Pension was granted at **[rate of pension as assessed by delegate]** with effect on and from **[date of effect]** (folios #-#).
3. On **[date application for review was lodged at DVA]**, the applicant applied to the Veterans' Review Board for review of that part of the decision assessing the rate of disability pension (folio #).
4. The applicant does not seek review of any other aspects of the delegate's decision.

Case type 2.

Assessment following application for increase in disability pension

1. On **[date of lodgement of claim]**, the applicant made an application for an increase in the rate of disability pension (folios #-#).
2. On **[date of determination of claim]**, a delegate of the Repatriation Commission assessed pension at **[rate of pension as assessed by delegate]** with effect on and from **[date of effect]** (folios #-#).
3. On **[date application for review was lodged at DVA]**, the applicant applied to the Veterans' Review Board for review of that decision (folio #).

Case type 3.

Assessment following remittal of assessment

1. On **[date of lodgement of claim]**, the applicant made a claim for pension in respect of incapacity from **[disabilities as described by the claimant]** (folios #-#).
2. On **[date of VRB decision]**, the Veterans' Review Board granted the claim with effect on and from **[date of effect]** and remitted the assessment of pension to the Commission (folios #-#).
3. On **[date of determination of claim]**, a delegate of the Repatriation Commission assessed pension at **[rate of pension as assessed by delegate]** with effect on and from **[date of effect]** (folios #-#).

4. On [date application for review was lodged at DVA], the applicant applied to the Veterans' Review Board for review of that decision (folio #).

Assessment period and date of effect

Identify the veteran's age at the beginning of the assessment period, and identify the assessment period, and any relevant events that might have occurred in that period such as the acceptance of any new disabilities.

5. The applicant was born on [date of birth] and on the application day [date of lodgement of the claim for pension or application for increase] was aged [age] years.
6. The assessment period begins on the application day and ends on the date of the Board's decision.
7. The earliest date from which the Board can assess pension is [dates of effect] which is [date of the application for increase or 3 months before the claim for pension was lodged].

Use this paragraph only if the date of effect of the new disability is later than the date of effect for other disabilities.

8. On [date of decision] the [Repatriation Commission / VRB / AAT] determined that [name of new disability] was [war-caused/defence-caused] with effect from [date of effect].

Standards of proof

9. All matters are to be determined on the reasonable satisfaction (that is, on the balance of probabilities) standard of proof.

The applicant's disabilities

Identify all the war-caused and defence-caused disabilities as well as non-accepted disabilities.

10. The applicant has had the following disabilities accepted as [war-caused/defence-caused]:
- [name of disability]
 - [name of disability]
 - [name of disability]
 - [name of disability]
11. The applicant suffers from the following disabilities, which have not been accepted:
- [name of disability]
 - [name of disability]
 - [name of disability]
 - [name of disability]

Impairment

Identify the evidence concerning impairment, the relevant GARP tables, and the ratings sought.

12. The applicant submits that the impairment of his accepted disabilities should be assessed under GARP as follows:

Disability	GARP Table	Impairment points
Combined Impairment (Scale 18.1) =		

13. These assessments are based on the following evidence:

Disability	Medical Report	Folio

Lifestyle rating

Identify the effects of accepted disabilities on lifestyle, and the ratings sought, and identify the evidence that supports those findings.

14. The applicant submits that the relevant lifestyle ratings are as follows:

Lifestyle effect	Effects of accepted disabilities	Rating
Personal relationships (Table 22.1)	[explain the effects of accepted disabilities on the applicant's personal relationships by referring to the applicable criteria in Table 22.1] (folios ##)	[rating]
Mobility (Table 22.2)	[explain the effects of accepted disabilities on the applicant's mobility by	[rating]

	referring to the applicable criteria in Table 22.2] (folios ##)	
Community and Recreational activities (Table 22.3)	[explain the effects of accepted disabilities on the applicant’s community and recreational activities by referring to the applicable criteria in Table 22.3] (folios ##)	[rating]
Domestic activities (Table 22.4*)	[explain the effects of accepted disabilities on the applicant’s domestic activities by referring to the applicable criteria in Table 22.4] (folios ##)	[rating]
Employment activities (Table 22.5*)	[explain the effects of accepted disabilities on the applicant’s employment activities (if relevant) by referring to the applicable criteria in Table 22.5] (folios ##)	[rating]
Average lifestyle rating = (*The higher of tables 22.4 and 22.5 is used)		[divide the total ratings by 4 and round to nearest whole number]

Degree of incapacity and rate of pension

- The applicant submits that degree of incapacity should be assessed at **[##%]** with effect on and from **[date of effect]**, being **[3 months before the claim was lodged / the date of the application for increase in pension]** and at **[##%]** with effect on and from **[date of effect]**, being **[the date of acceptance of [name of new disability]]**.

Work history

- Before the applicant served in the **[Army/Navy/AirForce]**, he worked as a **[state nature of any employment, if any]** from **[year]** to **[year]**.
- During his service, the applicant’s duties involved **[state the types of work involved in the applicant’s duties]**.

18. After his service, the applicant work as:
- [state nature of any employment] from [year] to [year];
 - [state nature of any employment] from [year] to [year];
 - [state nature of any employment] from [year] to [year].
19. The applicant changed his type of work in [year] because [state the reason the applicant changed his type of employment].

Work capacity

20. The applicant's experience, skills, and qualifications would enable him to work as [state the types of work that the applicant might reasonably undertake].
21. Dr [Name of medical practitioner] indicates that the applicant is not capable of working in that remunerative work for [more than 8 hours a week / 20 or more hours a week] due to incapacity from the applicant's accepted disabilities of itself alone (folios ##-##).

Work that the applicant is prevented from continuing to undertake

22. The applicant is prevented from continuing to undertake remunerative work as [state the type of work the applicant is prevented from continuing to undertake].
23. The applicant is prevented from continuing to undertake that type of work because [state the reason why the applicant's accepted disabilities prevent the applicant from continuing to undertake that type of work].
24. Were it not for the effects of the applicant's accepted disabilities, the applicant would still be working as [state the type of work the applicant would be undertaking].

Work that the applicant sought

25. Since last working, the applicant has sought to engage in remunerative work. The applicant has [state the particular efforts that the applicant has made to obtain work] (folios ##-##).
26. The applicant has been unable to obtain work because [state the reasons the applicant has not been able to obtain work] (folios ##-##).

(Signed)
[Representative]
on behalf of [Applicant's name]

[date]