



S148(1) Notice – Your response

VRB reference:	
Applicant:	

Please complete one option only for each section.

YOUR REPRESENTATIVE

- ☐ **I will represent myself.** I do NOT have a representative
- ☐ **I appoint a representative.** I will be represented in my proceedings before the Veterans' Review Board. The representative has sufficient knowledge of the issues in dispute and is vested with sufficient authority to bind the party.

Name of Representative:	
Organisation:	
Address:	
Email:	
Phone:	

YOUR ATTENDANCE

- ☐ **I will participate in ADR events / VRB hearing and I wish to do this:**
- ☐ In person
 - ☐ By phone
 - ☐ By video
- ☐ **I do not wish to participate.** I will not attend ADR events / VRB hearing

CONTACT BY E-MAIL

- ☐ Please tick this box if you give consent for the VRB to contact you by e-mail.

Your email address:	
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(Please use BLOCK letters only)

Your signature:	
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[ApplicantFullName]