



# Palliative Care - Overnight Nursing Form

## Purpose of this form:

This form is used to apply for Overnight Nursing Care funding from the Exceptional Case Unit (ECU) for an eligible veteran or war widow/widower (entitled person) in the terminal phase of their disease who requires overnight nursing care in the short term.

### Please Note:

- This application relates to overnight **nursing** care, rather than overnight **respite** care.
- If the entitled person requires overnight **respite** care this may be arranged through Veterans' Home Care program (1300 550 450) or the Commonwealth Carers' Respite Centre (1800 059 059).
- An entitled person cannot access overnight respite care and overnight nursing care concurrently.

## Completing this form:

- Please use BLACK pen to complete all information on this form
- DVA cannot assess an incomplete or illegible form

**Contacting the ECU:** If you require assistance to complete this form, telephone the ECU on:  
**1800 636 428**

**Submitting this form:** **The preferred method is via DVA's secure e-mail.**  
Please contact the ECU on **1800 636 428** to register for this option.  
About Secure e-mail:  
<http://www.dva.gov.au/site-help/sensitive-emails>

**OR**

**FAX** the signed application form to the ECU on the following number:  
**(02) 6289 6682**

- Privacy Notice:** The person completing this form is responsible for ensuring that the entitled person is aware that the:
- Entitled person's information will be forwarded to DVA for determining benefits under the *Veterans' Entitlement Act 1986* and/or the *Military Rehabilitation and Compensation Act 2004*;
  - Information, in certain circumstances, may be used for review or audit purposed or be disclosed to the entitled person's Local Medical Officer (LMO), General Practitioner, Specialist or other health professional;
  - Information will be treated in a confidential manner.

## Part A - Community Nursing Provider Information

**1: Provider name**

**2: Provider number**

**3: Provider site (if applicable)**

## Part B - Entitled Person Information

4: DVA File Number

5: Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other 

6: Surname

7: Given name(s)

8: Date of birth

9: Address

(include State and Postcode)

10: Diagnosis

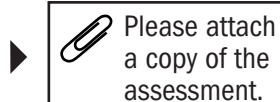
What is the entitled person's life limiting illness/illnesses

11: Has the entitled person been assessed/reviewed by a palliative care specialist?

- ☐ Yes - Please complete the rest of the form
- ☐ No - Overnight nursing care cannot be funded without an assessment by a palliative care specialist.

12: Has the palliative care specialist assessed the entitled person as being in the Terminal Palliative phase?

- ☐ Yes ▶ Date of assessment/review



▶ **Note:** The assessment by a palliative care specialist must have occurred within the last 48 hours

- ☐ No ▶ If an entitled person has not been assessed as being in the Terminal Palliative phase by a palliative care specialist, the entitled person is not eligible to access overnight nursing care.

13: Dates for delivery of nursing care

Start date

End date

Part B Continued..

**14: Who will provide the overnight nursing care?**☐ Registered Nurse ▼Hours: 

Tasks:

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☐ Enrolled/Endorsed Nurse (Division 2 Nurse in Victoria) ▼Hours: 

Tasks:

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**Part D - Declaration**☐ I declare that the information I have supplied on this form is true and correct☐ I am aware that there are penalties for making false statements (*Procedure Manual Section 12.9 Inappropriate claiming for services*)**15: Designation****16: Full name****17: Phone number****18: Signature**This application must be signed  
by the Registered Nurse who has  
completed the assessment **NOTE:** If any changes occur to the information provided above, it is your responsibility to notify DVA immediately.