

Application Form for the Special Support Service for Former Sawmill Workers Exposed to Pentachlorophenol (PCP)

- Please read the factsheet – *General Information for Patients* before completing this form
- Use blue or black biro pen
- PRINT IN BLOCK CAPITALS
- Cross out any errors

Introduction

The Special Support Service for Former Sawmill Workers Exposed to PCP (the Sawmill Workers Service) is for former sawmill workers who were exposed to pentachlorophenol (PCP) and other hazardous substances at sawmills throughout New Zealand from the 1950s to the 1980s. The Sawmill Workers Service aims to help people stay healthy by supporting the early detection of diseases, promoting healthy lifestyles and reducing modifiable risk factors.

Who can use this service?

You can use this Service if you are entitled to publicly funded services in New Zealand (eg, if you are a New Zealand citizen or permanent resident) and if you meet the following criteria:

- worked in a sawmill(s) where PCP was used **AND**
- worked in jobs that used PCP chemicals or if you came into contact with PCP baths/tanks or if you worked with timber that was still wet from the PCP treatment process **AND**
- worked in these jobs for at least one year (in total).

How do I apply for the service?

- You must complete this application form if you wish to be deemed eligible for the Sawmill Workers Service.
- You must complete all the questions in the application form and complete the statutory declaration.
- Each person must complete a separate application form.

Contact us

If you have any questions about this form or need help to fill it out, please call the Support Service National Secretariat on 0800 288 588.

Alternatively, for Bay of Plenty residents, you can visit the local facilitation service at:

Ngati Awa Social & Health Service Trust
36 Thornton Road Whakatane
PO Box 2076
Kopeopeo
Whakatane 3159

Telephone: (07) 307 1472

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

Worked in jobs that used PCP chemicals or came into contact with PCP baths/tanks or worked with timber that was still wet from the PCP treatment process.

Please list the jobs/tasks you were involved in where you were exposed to PCP.

Worked in these jobs for at least one year (in total approx).

Please specify the time periods you worked at the sawmill(s) eg, May 1972 to May 1974

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 think you should be eligible because of where and when you worked in the sawmill environment.

Provide as much detail as possible.

Proof of eligibility

12. Completing and signing the statutory declaration on the following page allows you to certify that all the information relating to your eligibility is true and correct. If you would like, you can also provide supporting material that demonstrates your eligibility (but you are not required to).

If you would like to provide supporting material please attach it to this document and provide a brief description of the documents below. Please indicate whether you would like these documents returned to you. We will retain a copy.



Statutory Declaration

All applicants must sign a statutory declaration to verify that the information in the application is true. Statutory Declarations are made by virtue of the Oaths and Declarations Act 1957. It is an offence to make a false Statutory Declaration.

A Statutory Declaration is a declaration made before an authorised person declaring the truth of a statement's content. Statutory declarations must be witnessed by authorised persons such as 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. A list of Justices of the Peace in your area can be found in the front of your local white pages.

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.

Next Steps

Please send your completed application form to:

Special Support Service for Former Sawmill Workers
Ministry of Health

PO Box 5013, Wellington 6145, New Zealand

or Bay of Plenty residents can also send your completed application form to:

Ngati Awa Social & Health Service Trust

36 Thornton Road, Whakatane

PO Box 2076, Kopeopeo, Whatatane 3159

Telephone: (07) 307 1472

After we receive your application form, we will check that all the required information has been provided and that you meet the eligibility criteria. We may need to ask for more information if the application

is incomplete which may delay the application processing time. Once we have all the required information, your application will be processed within 20 working days.

If your application is accepted, we will write to you and tell you how to book your first annual health check. We will also write to your GP, family doctor or medical centre to tell them that you are eligible.

If your application is not accepted, we will write to you to tell you why. We will ask you whether you would like us to send your application to an appeals panel, and whether you would like to provide further information to support your application as part of this process.

Privacy Statement and Disclosure of Information

PLEASE READ CAREFULLY

The privacy of information relating to you is governed by the Privacy Act 1993 and the Health Information Privacy Code 1994. The information the Ministry of Health collects and holds about you will be used:

- to communicate with you about the Special Support Service for Former Sawmill Workers Exposed to PCP;
- for administrative purposes, such as considering your eligibility for the Special Support Service for Former Sawmill Workers Exposed to PCP, and sending you and your GP, family doctor or medical centre information about entitlements to access services within the Service; and
- for monitoring and evaluating the Special Support Service for Former Sawmill Workers Exposed to PCP.

The information about you will be collected directly from this application form and from information provided by your nominated GP, family doctor or medical centre from which you receive your annual health check. This will include information on the services you access and are referred to. It will not include information about your health status.

We will need to disclose information about your eligibility status to your nominated GP, family doctor or medical centre. We may also need to disclose information about you to evaluators who will be reviewing how well the Special Support Service for Former Sawmill Workers Exposed to PCP is being

implemented. The Ministry of Health endeavours to ensure that the personal information collected, stored or used is accurate, complete, and up to date. Prompt notification of any changes to your personal contact details will help us do this. We will also endeavour to protect your personal information from misuse or loss and from unauthorised access, modification or disclosure in accordance with the Privacy Act and the Health Information Privacy Code.

Under the Privacy Act and the Health Information Privacy Code you are entitled to have access to, and request correction of, any personal information held by us. If you have any queries about privacy of information or wish to access any personal information held by us, please contact us:

Special Support Service for Former Sawmill Workers
Ministry of Health
PO Box 5013
Wellington 6145
New Zealand

Telephone 0800 288 588.

If you withdraw from the Special Support Service for Former Sawmill Workers exposed to PCP, the Ministry of Health will retain some information on your participation in the Service including background details on who you are (such as age, gender and ethnicity) and what services you accessed. This information will be used for monitoring and evaluation purposes only.