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AC 834
Revised 17 Oct 2013

Department of Defence

Application for Special Needs Pre-Posting Visit (SNPPV)

- [PACMAN Chapter 8, Part 6, Clause 8.6.6](#) refers

HEALTH INFORMATION. This document contains sensitive health information. Its disclosure and use is governed by the Privacy Act and it is to be stored and handled in accordance with DI(G) PERS 16-20, Privacy of Health Information in Defence, and with DSM Part 2:30.

Assistance in completing this form is available from your local Defence Community Organisation (DCO) office

Section A - Member's details		Please list the special needs authorities or institutions in the gaining locality you intend to visit on the SNPPV, together with details and proof of recent contact with these authorities or institutions (<i>include dates of contact, authorities or institutions contacted, etc</i>). If applying for SNPPV for educational purposes, please contact the Regional Educational Liaison Officer (REDLO) in your area for assistance.
Family name		
Given name(s)		
Service	Rank	
Employee ID		
Gaining unit, ship or establishment (<i>Do not use abbreviations.</i>)		
Posting order		
Date posting order issued	Effective date	
Name of dependant with special needs		
Have you been approved as a Member with Dependant With Special Needs (MWDSN) Yes <input type="checkbox"/> No <input type="checkbox"/> If 'No', complete form AC 832 prior to applying for a pre-posting visit.		
If 'Yes', are the details contained in the approved application for Recognition of Member With Dependant with Special Needs still correct? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If 'No', please comment		
Have you applied for a House Hunting Trip (HHT) for this removal? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has the application for the HHT been approved? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Proposed itinerary for the SNPPV (<i>Ensure to include ALL the following: dates, appointment times, name of authority or institution and person/position with whom the appointment is made. If insufficient space, please attach an extra sheet.</i>)		

Please refer to page 3 of this form to ensure your application is completed correctly

Please forward completed application form and supporting documentation to:

Defence Community Organisation Headquarters

Attn: Defence Family Helpline

PO Box 7921

CANBERRA BC ACT 2610

or emailed to: defencefamilyhelpline@defence.gov.au or Faxed: (02) 6265 8852

Section A - Member's details - Continued

Do you wish to make any further comments in support of your application?

Yes No



If 'Yes', please comment.
 (You may wish to include advice given by relevant qualified persons as described in the Definition of Special Needs Dependant in [PACMAN Chapter 1, Part 3, Division 2, Clause 1.3.82](#).)

Please attach any letters or other documents to support your application, please list the attachments here and then attach and sign this form.

Section A - Member's details - Continued

I acknowledge that the information provided by me in this 'Application for Special Needs Pre-Posting Visit' is true and accurate. I understand that to make a false or misleading statement to gain a benefit may make me liable to disciplinary action.

Signature	Date
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Section B - Commanding Officer's recommendation
 (Losing locality)

Recommended Not recommended



If 'Not Recommended' please provide comment below.

Signature

Printed name

Appointment

Rank

Date

Section C - DGDCO's approval

Approved Not approved



If 'Not Recommended' please provide comment below

Signature

Printed name

Appointment

Rank

Date