

This form allows a person who is already registered for the NDSS, but hasn't before used an injectable medication, to access syringes or pen needles through the Scheme.

Person with diabetes

1 **Title** e.g. Ms, Mrs, Miss, Mr, Dr

2 **Given name(s)**

3 **Family name**

4 **Date of birth**

Day	Month	Year
/	/	

If person with diabetes is under 15 years old, the "Guardian or carer" section must also be completed.

5 **Medicare card (preferred) or DVA file number**

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6 (Optional) **NDSS card number**

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7 **Can we contact you about research opportunities?**

Yes No

8 **Would you like to receive information about the education and support services delivered by your local NDSS Agent?**

Yes No

9 **By signing here, you are confirming that the information you have provided on this form is true and complete, and that you agree to the collection, use and disclosure of your information for the purposes set out in this form.**

 Signed	Dated	/	/
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Your information is protected by Commonwealth laws including the *Privacy Act 1988*. Diabetes Australia and its Agents are committed to protecting your privacy. For our privacy policy visit ndss.com.au or call **1300 136 588**.

Guardian or carer

If the person with diabetes is under 15 years old, or is an adult receiving ongoing care, this section must be completed by a primary guardian or carer.

10 **Given name(s)**

11 **Family name**

12 **By signing here, you are confirming that:**

- you are a primary guardian or carer for the person named in Q2 and Q3; and
- the information you and the person with diabetes have provided on this form is true and complete; and
- both you and the person with diabetes agree to the collection, use and disclosure of the provided information for the purposes set out in this form.

 Signed	Dated	/	/
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Lodging this form

Must be certified (on right), or lodged with either a copy of prescription, or a letter from CDE or registered medical practitioner, describing change in medication.

Post: GPO Box 9824 in your capital city

Fax: 1300 536 953

Email: ndss@diabetesaustralia.com.au

In person: NDSS Access Points or your local NDSS Agent

Need help with this form?

Call **1300 136 588** or visit ndss.com.au

TTY: 133 677

Speak and Listen: 1300 555 727

Translation: 131 450

Internet Relay: iprelay.com.au

Certifier

This section can *only* be completed by a registered medical practitioner or a credentialled diabetes educator (CDE).

13 **Required injectable medication**

Insulin Byetta® Victoza®

14 **First use**

Day	Month	Year
/	/	

15 **Which are you?** Choose one only.

CDE Endocrinologist
GP Obstetrician

16 **Your full contact details**

Your name
Medicare provider number/CDE number
Clinic/Hospital name
Address line 1
Address line 2
Suburb
State
Postcode
Phone number
Fax number

17 **By signing here, you are confirming that the person named in Q2 & Q3 needs access to needles/syringes for prescribed insulin or an approved non-insulin injectable.**

 Signed	Dated	/	/
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