



KELLION VICTORY MEDAL SCHEME

Application for Medal

Full name (in block capitals) **Mr/Mrs/Ms**

Maiden name (if applicable)

Date of birth / age

Present address

Postcode

Contact phone number

Present Doctor / Specialist contact details (who should be asked to provide a certificate regarding date of diagnosis)

Doctor / Specialist contact details (who first looked after diabetes*)

Date of diagnosis (day/month/year*)

Name of hospital (to which you were first admitted*)

*After so many years it may be difficult to remember some of these facts. Any information you can remember will be helpful.

If you have any surviving relatives or friends who may remember the circumstances surrounding your diagnosis, could they please provide a written statement.

I hereby give my permission to Dr Alan Stocks, Chairman of the Kellion Victory Medal Committee, to access information from my medical records regarding my eligibility for a Kellion Victory Medal.

Signature

Date

Please send completed form to Lynette Watkins, Diabetes SA, PO Box 1930 Adelaide SA 5001
or fax to 08 8234 2013