

## Section 1 – Details of Person with Diabetes (This section must be completed before NDSS registration can be processed)

Registrant Type: (select option)		Standard <input type="checkbox"/>	RHCA <input type="checkbox"/>	(see 'Overseas Visitors' note on the back of the form)	
Title:	Given Name(s):		Family Name:		Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:	DD / MM / YYYY	Maiden Name:	Daytime/Mobile Phone Number: ( )		
Residential address:	Street Name	Suburb or Town	State	Postcode	
Postal Address: (if different from above)			Email Address:		
(please tick one) <input type="checkbox"/> Medicare No. <b>OR</b> <input type="checkbox"/> DVA File No.			DVA Card Type (select option) <input type="checkbox"/> Gold <input type="checkbox"/> White		
Country of Birth:	Main language spoken at home:	Are you of Aboriginal and/or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes (Aboriginal) <input type="checkbox"/> Yes (Torres Strait Islander) <input type="checkbox"/> Both			
<b>Detail relating to diagnosis:</b> When did a doctor first diagnose your diabetes?		DD / MM / YYYY	(if the date is not known please tick a category to provide an indication) Last year <input type="checkbox"/> 1-2 years ago <input type="checkbox"/> 3-5 years ago <input type="checkbox"/> more than 5 years ago <input type="checkbox"/>		
Residence at time of diagnosis: Suburb or Town		Postcode	Country		
I certify that I require NDSS products and services for the management of my diabetes. (Signature) <b>X</b>					

## Section 1b – Details of Person with Diabetes – Reciprocal Health Care Agreement Registrant (RHCA)

<input type="checkbox"/> Passport No.	RHCA Country:	Medicare/Visa Expiry:	DD / MM / YYYY
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## Section 2 – Research Opportunities

From time to time, opportunities will arise for people with diabetes to participate in research activities related to diabetes, its management and the prospects of finding a cure.

I would like to receive information about research opportunities as they arise.	<input type="checkbox"/> Yes
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## Section 3 – Diabetes Australia / NDSS Agents

Diabetes Australia has Agents in each state and territory. Registration with NDSS does not automatically provide membership to State and Territory Diabetes Organisations.

I am currently a subscribing member of a State or Territory Diabetes Organisation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I am not a member, but I would like to receive information about membership.	<input type="checkbox"/> Yes
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## Section 4 – Details of Person in Charge/Carer

If the person with diabetes is under 15 years of age or is an adult receiving continuing care, this section should be completed by a parent or person responsible for care (person in charge).

Title:	Given Name(s):		Family Name:		Date of Birth:	DD / MM / YYYY
Residential address:	Street Name	Suburb or Town	State	Postcode		
Is this mailing address to be used for the person with diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>	Daytime/Mobile Phone Number: ( )		Email Address:			
Relationship to person with diabetes:	I certify that NDSS products and services are required for the management of diabetes for the person in my charge/care. (Signature)					

## Section 5 – Certification by a Health Professional (This section must be completed and signed by an independent Medical Practitioner or or Credentialed Diabetes Educator (CDE) before NDSS registration can be completed.)

Type of diabetes: (See reverse for diabetes definitions) <input type="checkbox"/> type 1 <input type="checkbox"/> type 2 <input type="checkbox"/> Gestational diabetes <input type="checkbox"/> Other diabetes (please specify)					
Is insulin required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, date of first insulin use:	DD / MM / YYYY	(if the date is not known please tick a category to provide an indication) <input type="checkbox"/> Last year <input type="checkbox"/> 1-2 years ago <input type="checkbox"/> 3-5 years ago <input type="checkbox"/> more than 5 years ago		
Insulin Type: (only if insulin is required). <input type="checkbox"/> injection <input type="checkbox"/> inhalant <input type="checkbox"/> pump <input type="checkbox"/> other:		Measured Registrant Height (cm):	Measured Registrant Weight (kg):		
Type of Health Professional <input type="checkbox"/> GP <input type="checkbox"/> Endocrinologist <input type="checkbox"/> Other Medical Practitioner <input type="checkbox"/> CDE		Medical Practitioner or Credentialed Diabetes Educator's name: (please print)			
Doctor Provider Number <b>or</b> CDE Number					
Business Address: (please include clinic name)					
Phone Number: ( )					
I confirm that I have performed the diagnosis or sighted written documentation relating to the diagnosis of diabetes for this applicant.					
		Signature <b>X</b>			

If you have any queries regarding the completion of this form or the NDSS please call **1300 136 588**.

**Send the completed form to: NDSS, GPO Box 9824 in your State/Territory capital city** or hand to the staff member assisting you.

**NDSS Use Only** Registration Method:  Mail  Counter  Sub Agent

NDSS Card Number:	Card Issued by:	Date:
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Checked by:	Date:
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## Please use a separate form for each person with diabetes

Registration for NDSS benefits is free of charge and covers the Registrant for life. The benefits of the NDSS are outlined below.

### Section 1 – Details of Person with Diabetes

Registration with the NDSS requires a certain amount of personal information. The information you provide is protected by Commonwealth laws, including the *Privacy Act 1988*. Diabetes Australia respects all aspects of your privacy and your personal information will not be accessed, other than as listed in this section, without your expressed permission.

The personal information you provide by completing this Registration Form helps ensure high quality NDSS products and services are delivered to the correct individuals.

The planning and development of high quality services to assist people with diabetes depends on understanding more about the effect diabetes has on these people, their families and their communities. In accordance with the strict requirements of the Commonwealth privacy legislation, NDSS information may be provided to legally authorised agencies for statistical and/or analytical activities to help us gain this understanding. At the present time, these activities are undertaken by the Australian Institute of Health and Welfare. You can be assured that your personal details will remain confidential at all times.

You may access the personal information we collect about you, at any stage, by contacting the NDSS Agent office in your State/Territory or by writing to:

NDSS Privacy Officer, Diabetes Australia  
GPO Box 3156 Canberra ACT 2601

### Section 3 – Diabetes Australia / NDSS Agents

Diabetes Australia has a network of state-based Agents (State/Territory Diabetes Organisations) to assist in the delivery of the NDSS. State/Territory Diabetes Organisations are community and donor based, dedicated to assisting people with diabetes. Membership subscription helps these organisations continue this vital work.

Ticking the appropriate box in Section 3 will allow your State/Territory Diabetes Organisation to make available information about becoming a member. Membership entitles you to:

- purchase blood glucose meters, books, lancets, special injection systems and other products at **member prices**.
- diabetes publications which provide the latest information on diabetes education, research, diet and lifestyle, along with advice about children's camps, support groups, branch meetings and information about everyday people meeting the challenge of living with diabetes.

### Section 4 – Details of Person in Charge/Carer

If you are responsible for a child (or children) or for the care of an adult with diabetes, you may be the 'cardholder'. In these cases you must complete Section 4 of the form.

### Section 5 – Certification by a Health Professional

Please make sure a Medical Practitioner or Credentialed Diabetes Educator completes this section in full and signs it so that your application for registration can be processed without delay. (Certification is an essential requirement for NDSS registration.)

**Type 1 diabetes** is an auto-immune disease that occurs when the pancreas cannot generate enough insulin, because the cells producing it have been destroyed by the body's own immune system. The missing insulin has to be replaced, resulting in the need for insulin injections.

**Type 2 diabetes** occurs when the pancreas is making insulin, but the insulin isn't working as well as it should be, so the body makes more. Eventually the body can't keep up with the demand, resulting in a combination of insulin resistance and the inadequate production and secretion of insulin.

**Gestational diabetes** develops only in pregnant women, and usually goes away after the birth of the child.

**"Other specific types"**. This category includes diabetes caused by a genetic defect, pancreatic diseases, hormonal abnormalities, or exposure to certain drugs or chemicals.

**NOTE** – Eligibility for registration with the NDSS does not extend to Impaired Glucose Tolerance (IGT).

### What is the NDSS?

The National Diabetes Services Scheme (NDSS) delivers subsidised products, information and support services to people with diabetes across Australia. Established in 1987, Diabetes Australia administers the NDSS on behalf of the Australian Government. Subsidised products include blood and urine testing strips, insulin syringes and pen needles (supplied free of charge to Registrants requiring insulin) and Insulin Pump Consumables for eligible Registrants.

### Who can Register with the NDSS?

People who reside in Australia, have been diagnosed as having diabetes and hold, or are eligible to hold, an Australian Medicare card are entitled to register for the NDSS.

### Overseas Visitors – Reciprocal Health Care Agreement (RHCA)

Visitors to Australia from a country with a Reciprocal Health Care Agreement may be entitled to temporary registration with the NDSS. Participating countries are Finland, Italy, Malta, New Zealand, Norway, Republic of Ireland, Sweden, The Netherlands and United Kingdom.

### Registration

There is no charge for Registration with the NDSS. To qualify for NDSS benefits you must first complete this Registration Form and have it signed by a medical practitioner or Credentialed Diabetes Educator. You should then mail it to:

NDSS Registrations, GPO Box 9824 in your State/Territory capital city.  
You can contact the NDSS on 1300 136 588 if you have any questions.

### Information and Education

From time to time, the NDSS and/or the Australian Government Department of Health and Ageing may send people who register with the Scheme, information that will assist them with the effective management of their diabetes and material that informs them about the operation of the NDSS. There are no charges for these services and personal details are kept confidential at all times.

**For more information, please contact the NDSS on 1300 136 588,  
GPO Box 9824 in your State/Territory capital city or at [www.ndss.com.au](http://www.ndss.com.au)**