Diabetes SA
Support Always

Volunteer Details Form

Please complete all sections unless marked optional

Personal details

Title _____ First Name _____ Last Name _____

Preferred name _____

Date of birth _____ Gender ☐ Male ☐ Female

1st Emergency contact details

First Name _____ Last Name _____

Address _____

Suburb _____ State _____ Postcode _____

Phone (daytime) _____ (AH) _____ Mobile _____

Relationship to you _____ (e.g. partner, mother, friend)

2nd Emergency contact details

First Name _____ Last Name _____

Address _____

Suburb _____ State _____ Postcode _____

Phone (daytime) _____ (AH) _____ Mobile _____

Relationship to you _____ (e.g. partner, mother, friend)

Medical details – known conditions and medications

Do you have diabetes? ☐ Type 1 ☐ Type 2 ☐ No

Other conditions and/or medications a First Aid Officer should be aware of.

_____

_____

Preferred doctor (optional) – preferred doctor would be called if practical or not an emergency.

Name _____ Phone _____ Suburb _____

Signature _____ Date _____

Diabetes SA takes all steps necessary to comply with its legal obligations, including those set out in the Privacy Act 1988 (Cth) (the Act) and the Australian Privacy Principles that are prescribed by the Act. To comply with its obligations under the Act, Diabetes SA has a Privacy Policy which provides the information about the way in which it handles the personal information it collects from time to time. Diabetes SA's Privacy Policy can be accessed at http://www.diabetessa.com.au/web/privacy