

## ABOUT THIS FORM

This form lets you register for the National Diabetes Services Scheme (NDSS) and the National Gestational Diabetes Register (NGDR).

### What is the National Diabetes Services Scheme (NDSS)?

The NDSS delivers education and information services to people with diabetes. It also provides a range of diabetes products at a subsidised cost.

It is an initiative of the Australian Government administered by Diabetes Australia, and is free to register.

### What is the National Gestational Diabetes Register (NGDR)?

The NGDR is a program within the NDSS that provides education and information for women with gestational diabetes.

The NGDR aims to help these women reduce their risk of developing type 2 diabetes and manage their health into the future.

### Who should fill out this form

You can use this form if you:

- live in Australia
- and**
- have a current Medicare Card, Department of Veterans' Affairs (DVA) Gold Card, DVA White Card specific to diabetes, or
- are a resident of a country with which Australia has a Reciprocal Health Care Agreement (and not visiting on a student visa, if a resident of Finland, Malta, Norway or the Republic of Ireland)
- and**
- have been diagnosed with type 1, type 2 or gestational diabetes, or
- have been diagnosed with diabetes caused by a genetic defect, pancreatic disease, hormonal abnormality or exposure to certain drugs and chemicals.

A primary guardian or carer needs to fill out part of this form if the person with diabetes:

- is under 15 years old, or
- is 15 or over and receives ongoing care.

After those details are complete, the form must be certified by a registered medical practitioner such as your doctor, endocrinologist or obstetrician, or by a credentialed diabetes educator.

### How to fill out this form

1. Fill out page 1 and the left-hand side of page 2, **printing clearly** with a black or blue pen.
2. If the person with diabetes is under 15 years old or is an adult receiving ongoing care, a primary guardian or carer needs to complete the "Guardian or carer" section starting on page 2.
3. Take the form to a registered medical practitioner or credentialed diabetes educator and ask them to certify it.
4. Send the certified form to Diabetes Australia:  
**Post:** GPO Box 9824 in your capital city.  
**Fax:** 1300 536 953.  
**Email:** Send a scanned copy to [ndss@diabetesaustralia.com.au](mailto:ndss@diabetesaustralia.com.au)  
**NDSS Access Point:** Many pharmacies are NDSS Access Points. Ask your pharmacy if they can accept this form.  
**NDSS Agent:** Take the form to a local diabetes organisation office in your area. There is more information about NDSS Agents on the next page.

### For more information or help

Information about your privacy is explained on the next page. Common questions are answered on the back of this form.

If you need more information or help filling out this form, call the NDSS Infoline on **1300 136 588**, or visit the website at **[ndss.com.au](http://ndss.com.au)**

**Have difficulty hearing or speaking?** Access TTY on 133 677, Speak and Listen on 1300 555 727 or Internet Relay at [iprelay.com.au](http://iprelay.com.au) then enter the number **1300 136 588**.

**Have difficulty with English?** Call the Translating and Interpreting Service (TIS) National on 131 450 and ask for the number **1300 136 588**.

## YOUR PRIVACY

### How we use your information

Diabetes Australia and NDSS Agents respect your privacy. We use your details to provide:

- information about the NDSS and about managing your diabetes
- education and support services
- access to products at subsidised prices.

We may also use your details to communicate with you about:

- research into diabetes and related health conditions, and
- your local state or territory diabetes organisation's activities and services.

If you wish, once you have registered, you can ask us not to contact you about these matters. You will still receive important information about diabetes and NDSS product safety issues.

You have a choice about whether or not to provide information to us. If you choose not to provide us with the information we need, we may not be able to register you for the NDSS.

### Protecting your privacy

Your information is protected by Commonwealth laws including the *Privacy Act 1988*.

Diabetes Australia and its Agents are committed to protecting your privacy. Diabetes Australia has a privacy policy. This policy contains information about how you can access and correct your personal information held by us. The policy also explains how to complain about a breach of your privacy, and how Diabetes Australia deals with privacy complaints. You can view our privacy policy at [ndss.com.au](http://ndss.com.au) or ask for a copy by calling **1300 136 588**.

### Who can access your information

The information you give in this form will be accessed by:

1. **Diabetes Australia**, the Commonwealth, NDSS Agents and other organisations that deliver the NDSS and related services on behalf of the Australian Government.  
We share your personal information for the purposes of, and to manage, the NDSS. Sometimes we need to share information that identifies you (for example, when we share your name and address with a mailing house to send you NDSS information). Wherever possible, we will only share your details in ways that do not identify you.
2. **The Australian Institute of Health and Welfare**, which uses your information for statistical analysis for the Commonwealth, and to assist Diabetes Australia to manage the NDSS.
3. **State and territory diabetes organisations**, which are dedicated to assisting people with diabetes and their carers. Your local organisation may contact you to help you with your diabetes.
4. **Researchers**. Australian diabetes researchers lead the world in searching for a cure, as well as better ways to treat and manage the condition.  
We provide researchers with information that does not identify you. But some important research can only be done when people have been identified. In these cases, we will contact you (for example, by letter) to ask whether or not you would like to participate in the research. Only if and when you give your consent to participate will we share with researchers any information that identifies you.
5. **Third parties**. The Commonwealth may direct us to share your information with other Commonwealth agencies or health service providers. Your information may also be shared with other third parties as authorised or required by law.

## NDSS AGENTS AND ACCESS POINTS

NDSS Agents are the local diabetes organisation in each state or territory. These organisations provide a range of education and support services, as well as diabetes products.

NDSS Access Points provide information about managing diabetes, sell diabetes products and accept completed NDSS registration forms. Many pharmacies are NDSS Access Points, as are some health centres, clinics and hospitals.

To find or contact an NDSS Agent or Access Point, visit [ndss.com.au](http://ndss.com.au) or call **1300 136 588**.

## FREQUENTLY ASKED QUESTIONS

### How does registration with the NDSS help me?

The NDSS provides education and support to help you manage your diabetes.

Registering with the NDSS gives you access to a range of support services (delivered by your local state or territory organisation):

- **The NDSS Infoline at 1300 136 588**, which provides information about diabetes and the NDSS.
- **Education and support** provided by diabetes educators, dietitians and other health professionals.
- **Programs and activities** for people with diabetes and their carers.
- **A range of diabetes products** at a subsidised cost.

### Is everyone with diabetes eligible for the NDSS?

You can register for the NDSS if:

- you have been diagnosed with type 1, type 2 or gestational diabetes, or
- you have been diagnosed with diabetes caused by a genetic defect, pancreatic disease, hormonal abnormality or exposure to certain drugs and chemicals.

You are not able to register if you have pre-diabetes or impaired glucose tolerance, or if your health is being monitored in case you develop diabetes.

### What if I do not have an Australian Medicare or DVA card?

Visitors to Australia that are residents of Belgium, Finland, Italy, Malta, New Zealand, Norway, Slovenia, Sweden, the Netherlands, the Republic of Ireland and the United Kingdom may be eligible under a Reciprocal Health Care Agreement (RHCA). Visitors travelling on a student visa from Finland, Malta, Norway and the Republic of Ireland are not covered by a RHCA and not eligible.

If you think a RHCA applies to you, please include a photocopy of your passport and your Australian visa when you submit this form.

### Who can certify my form?

Only registered medical practitioners and credentialled diabetes educators can certify this form. If the right person has not certified your form, we will not be able to process it.

### Why do I need to tell you where I live?

This form asks for the address where you live and your postal address. Knowing where you live helps us plan diabetes services. We need your postal address so we can send you information.

### Why do I have to tell you about my background?

We ask for your personal details so that we can give you the right support. The more we understand about people who have diabetes, the more relevant we can make the services we deliver.

### Why do you ask my weight and height?

Weight and height are important elements for current research into diabetes management and prevention. Even estimates of these measurements are very useful.

### I am registering for the NGDR. Why do you ask about my regular GP?

When you register for the NGDR, both you and your doctor will receive regular reminders about your diabetes checks.

### What if the treatment for my diabetes changes?

If you start to use insulin or an approved injectable blood glucose lowering medication, you need to tell us. Then we can make sure you have access to the NDSS products and services you need.

You do not need to complete a new NDSS registration form. Ask your credentialled diabetes educator, registered medical practitioner or pharmacist to submit an NDSS "Medication Change Form" for you. They can download it from **ndss.com.au** and should attach a photocopy of your prescription to it.

### What if my personal or contact details change?

Keep your NDSS registration up to date. Print the "Personal Details Update Form" at **ndss.com.au** or ask for one at any NDSS Access Point. Fill it out and send it to the address on the form, along with any extra information that is required.

# Person with diabetes

The questions in this section are about the person with diabetes.

Please **print clearly** in black or blue pen.

All questions must be answered unless marked "(Optional)".

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

**2 Given name(s)**

**3 Family name**

**4 (Optional) Previous name(s)** e.g. maiden name

**5 Sex** Male ☐ Female ☐ Intersex ☐

**6 Date of birth**

Day	Month	Year
/	/	

Note: If person with diabetes is under 15 years old, the "Guardian or carer" section (on the next page) must also be completed.

**7 Daytime phone number (mobile preferred)**

For landlines, please include the area code.

**8 Alternative phone number** e.g. home or partner

**9 Address where you live**

Line 1

Line 2

Line 3

Suburb or town

State or territory  Postcode

**10 Is the address where you live (shown in Q9) also your postal address?**

Yes ☐ Go to **12**

No ☐ Go to **next question**

**11 Postal address**

This is where we will send your NDSS card and other information to help with the management of your diabetes.

Line 1

Line 2

Line 3

Suburb or town

State or territory  Postcode

**12 Email address**

**13 Do you have a gold DVA card?**

No ☐ Go to **14**


Yes ☐ File number:

Go to **20**

**14 Do you have a white, diabetes-specific, DVA card?**

No ☐ Go to **15**

Yes ☐ File number:

 Include a photocopy of your card when you lodge this form.

Go to **20**

**15 Do you have a current Medicare card?**

Yes ☐ Number:

Go to **20**

No ☐ Go to **16**

**16 Are you a resident of Belgium, Italy, New Zealand, Slovenia, Sweden, the Netherlands or the United Kingdom?**

No ☐ Go to **next question**

Yes ☐ Go to **20**

**17 Are you a resident of Finland, Malta, Norway or the Republic of Ireland?**

No ☐ You are not eligible for the NDSS

Yes ☐ Go to **next question**

**18 Are you in Australia on a student visa?**

No ☐ Go to **next question**

Yes ☐ You are not eligible for the NDSS


**19 Please provide the following details**

Passport number

Country of issue

Visa expiry 

Day	Month	Year
/	/	

 Include a photocopy of both your passport and your visa when you lodge this form.

**20 In which country were you born?**

Australia ☐ Go to **21**

Other ☐ Country:

**21 Which language you most often speak at home?**

English ☐ Go to **22**

Other ☐ Language:

**22 Are you of Aboriginal or Torres Strait Islander origin? Tick all boxes that apply.**

No ☐

Yes, Aboriginal ☐

Yes, Torres Strait Islander ☐

**23 In what month and year did a doctor first diagnose your diabetes?**

Month	Year
/	

Or, if you don't know the month and year, approximately how long ago was it?

- In the last 12 months ☐
- Between 1 and 3 years ago ☐
- Between 3 and 5 years ago ☐
- Between 5 and 10 years ago ☐
- More than 10 years ago ☐

**24 Were you living in Australia when first diagnosed?**

Yes ☐ ► Go to 25

No ☐ ► Country you were living in:

	► Go to 26
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**25 Where were you living when first diagnosed?**

Suburb or town

State or territory  Postcode

**26 Which of the following is the person with diabetes?**

- Under 15 years old ☐ ► Go to "Guardian or carer" section (on right)
- An adult receiving ongoing care ☐
- Neither of the above ☐ ► Go to next question

**27 By signing here, you are confirming that you require NDSS products and/or services for the management of your diabetes, and that you agree to the collection, use and disclosure of your information for the purposes set out in this form.**

Signed	Dated
	/ /

**What next?**

Before lodging this form, make sure it is certified by a registered medical practitioner or credentialed diabetes educator by having them complete the next page.

**OFFICE USE ONLY**

Received on  /  /

Lodgement method (tick all boxes that apply)

Mail ☐ Agent ☐ Email ☐ Fax ☐

Access Point ☐ ► AP Code:  Contacted? ☐

Card number

Issued by  on  /  /

Checked by  on  /  /

**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. Details for a secondary guardian or carer, if any, can be added after registration.

All questions must be answered unless marked "(Optional)".

**28 Your title e.g. Ms, Mrs, Miss, Mr, Dr**

**29 Given name(s)**

**30 Family name**

**31 Date of birth**

Day	Month	Year
/	/	

**32 Is your postal address the same as the postal address for the person with diabetes?**

Yes ☐ ► Go to 34

No ☐ ► Go to next question

**33 Your postal address**

Line 1

Line 2

Line 3

Suburb or town

State or territory  Postcode

**34 Daytime phone number (mobile preferred)**


For landlines, please include the area code.

**35 Email address**

**36 Relationship to person with diabetes**

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

- you are a primary guardian or carer for the person named in Q2 and Q3; and
- this person requires NDSS products and/or services for the management of their diabetes; and
- both you and the person with diabetes agree to the collection, use and disclosure of your information for the purposes set out in this form.

Signed	Dated
	/ /

**What next?**

Before lodging this form, make sure it is certified by a registered medical practitioner or credentialed diabetes educator by having them complete the next page.

# Certifier

This section can *only* be completed by a registered medical practitioner with a current Medicare provider number or a credentialed diabetes educator (CDE) with a current Australian Diabetes Educators Association (ADEA) CDE number.

All questions must be answered unless marked "(Optional)".

## 38 The diagnosis

Type 1 ☐ Go to **51**

Type 2 ☐ Go to **39**

Gestational (GDM) ☐ Go to **42**

Other ☐ Go to **41**

## 39 How is the diabetes managed? Tick all that apply.

Diet ☐

Exercise ☐

Tablets ☐

## 40 Go to **51**

## 41 Other diabetes diagnosis (to determine eligibility)

Go to **51**

## 42 When was GDM diagnosed?

Day / Month / Year

## 43 Has this woman had GDM before?

Yes ☐ Go to **next question**

No ☐ Go to **46**

## 44 In what years did this woman have GDM before?

Year

Year

If more than two instances, give the two most recent years.

## 45 Woman's name(s) in these years (if different to now)

## 46 Baby's expected date of birth

Day / Month / Year

## 47 Have the woman's biological parents, sisters, brothers or children had diabetes?

Yes ☐

No ☐

Do not know ☐

## 48 Name of woman's regular GP and/or clinic (if any)

GP

Given name

Family name

Clinic

## 49 Street address for above-named GP/clinic

Line 1

Line 2

Suburb or town

State or territory

Postcode

## 50 GP/clinic daytime phone number Include area code.

## 51 Is insulin required?

No ☐ Go to **52**

Yes, injection ☐

Yes, insulin pump ☐

Date of first use:

Day / Month / Year

## 52 Is an approved non-insulin injectable required?

No ☐ Go to **53**

Yes, Byetta® ☐

Yes, Victoza® ☐

Date of first use:

Day / Month / Year

## 53 (If known) height and weight at time of diagnosis, or pre-pregnancy for women with GDM

Leave blank if not known.

Height

Weight

cm

kg

## 54 Which of these are you?

CDE ☐

GP ☐

Endocrinologist ☐

Obstetrician ☐

Other registered medical practitioner ☐

Go to **55**

Describe:

None of the above ☐ You cannot certify this form

## 55 Your full contact details

Use any stamps or stickers you have, even if they do not line up exactly with the prompts. The prompts are there for those without stamps or stickers, and to make sure all the information that we require is provided.

Your name

Medicare provider number/CDE number

Clinic/Hospital name

Address line 1

Address line 2

Suburb

State

Postcode

Phone number

Fax number

## 56 By signing here, you are confirming that you have performed the diagnosis of diabetes, or sighted written documentation relating to the diagnosis of diabetes, for the person named in Q2 and Q3.

Signed

Dated



/

/