

PLEASE COMPLETE BOTH SIDES OF THIS FORM

This form allows a person who is already registered with the NDSS to access additional subsidised blood glucose test strips after the initial six month period through the Scheme.

Person with diabetes

1 Title Given name(s)

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2 Family name

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3 Date of birth

Day	Month	Year
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If the person named in Q1 and Q2 is under 15 years old, the "Carer or guardian" section must also be completed.

4 Medicare card (preferred) or DVA file number

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5 NDSS card number

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6 Are you of Aboriginal or Torres Strait Islander origin? (tick all boxes that apply)

No Yes, Aboriginal Yes, Torres Strait Islander

7 Do you hold a valid concession card?

Yes ▶ Fill in details No ▶ Go to 8

Type of Concession

Health Care Card Pensioner Concession Card
 Veteran Gold Card Veteran White Card

Concession Card Number

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Expiry

Day	Month	Year
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8 Daytime phone number (mobile preferred)

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9 Email (preferred method of contact)

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10 Address

Suburb State Postcode

11 By signing here, I am confirming that:

- the information I have provided on this form is true and complete; and
- I agree to the collection, use and disclosure of my information for the purposes set out in this form and the NDSS Registration Form; and
- I understand giving false or misleading information is a serious offence.

Signature	Day	Month	Year
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Carer or guardian

This section must be completed by a primary carer or guardian if the person named in Q1 and Q2 is:

- aged 15 years or under; or
- aged 16 years or older and requires a primary carer or guardian

12 Title Given name(s)

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13 Family name

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14 Email (preferred method of contact)

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15 Daytime phone number (mobile preferred)

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16 Date of birth

Day	Month	Year
-----	-------	------

17 Address

Suburb State Postcode

18 Relationship to person named in Q1 and Q2

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19 By signing here, I am confirming that:

- I am the primary carer or guardian for the person named in Q1 and Q2; and
- the information the person named in Q1 and I have provided on this form is true and complete; and
- both the person named in Q1 and I agree to the collection, use and disclosure of the provided information for the purposes set out in this form and the NDSS Registration Form; and
- where I am providing personal information about the person named in Q1 and Q2, I will advise that person of the privacy information contained in this form; and
- I understand giving false or misleading information is a serious offence.

Signature	Day	Month	Year
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Certifier

This section can *only* be completed by an authorised health professional with a current Medicare provider number or a credentialed diabetes educator (CDE) with a current Australian Diabetes Educators Association (ADEA) CDE number or a practice nurse with a current Australian Health Practitioner Regulation Agency (AHPRA) registration number.

20 Which of these are you?

- CDE
- Endocrinologist/Diabetologist
- GP
- Nurse practitioner
- Practice nurse
- Other registered medical practitioner who specialises in diabetes (please specify below)

21 Main reason for extension (Choose one only):

- Inter-current illness (INT)
- Clinical need for self-monitoring (CON)
- Diabetes management not stable (MAN)
- Medication affecting blood glucose (MED)
- Diabetes management change (MON)

22 Certifier details

Your full name		
Medicare provider, CDE or AHPRA number		
Email		
Clinic/Hospital		
Address line 1		
Address line 2		
Suburb	State	Postcode
Phone number		

23 By signing here, I am certifying that:

- I have assessed the person named in Q1 and Q2; and
- they have a clinical need to access blood glucose test strips as indicated by my answer to Q21.

Signature	Day	Month	Year
	/	/	

Privacy disclosure

Diabetes Australia respects your privacy and personal information. You can view the NDSS Privacy Policy, which contains information about how you can access and correct your personal information held by us at ndss.com.au or you can ask for a copy by calling the NDSS Helpline on **1800 637 700**.

The NDSS Registration Form contains details about how we use, and who can access, your personal information. This includes information provided in this form.

In addition to the entities identified in the NDSS Registration Form, Diabetes Australia may disclose your personal information provided in this form to NDSS Access Points and also to third parties as authorised by the Commonwealth as represented by the Department of Health (Commonwealth).

The Commonwealth may also track your usage of NDSS subsidised products and your usage may be reported to your treating health professional.

If you choose not to provide us with the information we need, we may not be able to provide you with access to products through the NDSS.

**Lodge this form in person
at your local
NDSS Access Point**

NDSS Access Points

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

To find or contact an NDSS Agent or Access Point, go to ndss.com.au or call the NDSS Helpline on **1800 637 700**.

Need help with this form?

Call: **1800 637 700** or Visit: ndss.com.au

TTY: **133 677**

Speak and Listen: **1300 555 727**

Translation: **131 450** Internet Relay: internet-relay.nrscall.gov.au