

# NDSS Registration Form

## About this form

This form allows you to register with the National Diabetes Service Scheme (NDSS) and the National Gestational Diabetes Register.

The NDSS is an initiative of the Australian Government administered by Diabetes Australia. The NDSS provides people with diabetes who are registered access to information and resources, diabetes self-management education programs, and a range of subsidised diabetes products.

The National Gestational Diabetes Register provides postnatal reminders to women with gestational diabetes and their nominated GP. The register aims to help these women reduce their risk of developing type 2 diabetes and manage their health into the future.

## Your privacy

The information you provide the NDSS is protected by the *Privacy Act 1988* (Privacy Act) and the Australian Privacy Principles (APPs) contained in the Privacy Act.

### What information do we collect?

We may collect your personal information if the information is reasonably necessary for administering the NDSS and any of its programs, services, or activities, including providing information, education, and support services to you or your carer.

When personal information is sensitive information (for example, health information), it will only be collected if you have consented to that information being collected, or if one of the other exceptions applies under the APPs. Your personal information may be collected on forms, such as this form, when you contact the NDSS Helpline, when purchasing NDSS products or in providing information and services to you or your carer.

Personal information that may be collected:

- your name, gender, date and country or birth
- contact details and address,
- NDSS, Medicare, DVA or Concession card number
- details of your guardian or carer
- details of your usual GP and other health professional.

Sensitive information that may be collected:

- diabetes type
- details of the medication and NDSS products you require to manage your diabetes
- main language spoken at home
- if you are of Aboriginal or Torres Strait Islander origin
- whether your immediate relatives have had diabetes and how your diabetes is currently managed
- health services provided to you
- other health information.

It is your choice to provide information to us. However, it will be necessary for us to collect your personal or sensitive information if you would like to access certain NDSS products, education and support services or programs. If you choose to withhold the information we require, we may not be able to provide the services you have requested.

### Have difficulty hearing or speaking?

Access TTY on **133 677**, Speak and Listen on **1300 555 727** or Internet Relay at [internet-relay.nrscall.gov.au](http://internet-relay.nrscall.gov.au) then enter the number **1800 637 700**.

## For what purpose do we use or disclose your information?

We use or disclose your personal and sensitive information for the purposes of administering the NDSS and providing programs, services, and activities.

We may use your information to:

- confirm your identity and update your personal details
- provide you with information about the NDSS, managing your diabetes or sending reminder notices to you and your health professionals about important aspects of your diabetes management
- invite you to participate in education, support services and programs delivered by Diabetes Australia or your local state and territory diabetes organisation, or other NDSS programs requiring specific consent
- provide training to you, (or if you are a student to your school's staff), on diabetes and diabetes management
- provide information about access to subsidised diabetes-related products, or related information such as product recalls.

We may disclose your information to the following people or entities:

- the Commonwealth as represented by the Department of Health, which funds the NDSS, to produce statistical and evaluation reports on the NDSS and for administrative purposes, or for public accountability purposes
- the Australian Institute of Health and Welfare for inclusion in the National (insulin-treated) Diabetes Register, cross-checking against the National Death Index, statistical analysis, to undertake data linkage activities with other datasets for health research purposes and to facilitate health research projects undertaken by researchers and other parties
- Commonwealth agencies, researchers, and other parties to facilitate health and other research projects including data linkage activities, or to plan for the emerging needs of people with diabetes
- other third parties for the purposes of administering the NDSS (or providing NDSS programs, services, and activities), including organisations that deliver services on our behalf (such as mailing houses), or organisations that provide services to us.

Once you have registered with the NDSS, you can ask us not to contact you about research or state and territory activities. You will still receive important information about the NDSS or product safety issues.

We are committed to protecting your privacy. The NDSS Privacy 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 we deal with privacy complaints.

You can find the NDSS Privacy Policy at [ndss.com.au](http://ndss.com.au).

For more information regarding how to fill out this form and FAQ's see page 4 of this form.

### Have difficulty with English?

Call the Translating and Interpreting Service (TIS) National on **131 450** and ask for the number **1800 637 700**.

# Person with diabetes

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

1 Title      Given name(s)

2 Family name

3 Do you have a current Medicare card (preferred) or DVA file number?

☐ Yes ▶ fill in details and go to 8

☐ No ▶ Go to 4

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

☐ Yes ▶ Go to 7

☐ No ▶ Go to 5

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

☐ Yes ▶ Go to 6

☐ No You are not eligible for the NDSS

6 Are you in Australia on a student visa?

☐ Yes You are not eligible for the NDSS

☐ No ▶ Go to 7

7 Please fill in details

Passport number

Country of issue      Visa expiry

Day / Month / Year

8 Email (preferred method of contact)

9 Previous Name (optional)

10 Sex

☐ Male

☐ Female

☐ Intersex

11 Date of birth

Day / Month / Year

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

12 Do you hold a valid concession card?

☐ Yes ▶ Fill in details

☐ No ▶ Go to 13

Type of Concession (tick boxes)

☐ Health Care Card

☐ Pensioner Concession Card

☐ Veteran Gold Card

☐ Veteran White Card (with diabetes as an accepted condition)

Concession Card Number

Expiry

Day / Month / Year

13 Daytime phone number (mobile preferred)

14 Alternative phone number

15 Address

Suburb

State

Postcode

16 In which country were you born?

☐ Australia

☐ Other (please list)

17 Are you an Aboriginal or Torres Strait Islander Australian? (tick all boxes that apply)

☐ No

☐ Yes, Australian Aboriginal

☐ Yes, Torres Strait Islander

18 Which language do you most often speak at home?

☐ English

☐ Other (please list)

19 When were you first diagnosed? (or approximate date)

Day / Month / Year

20 Were you living in Australia?

☐ Yes ▶ Go to 21

☐ No (please list) ▶ Go to 22

Country

21 Where in Australia were you living?

Suburb

State

Postcode

## 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.

22 Title Given name(s)

--	--

23 Family name

--

24 Date of birth

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

25 Address

Suburb	State	Postcode

26 Daytime phone number (mobile preferred)

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27 Email (preferred method of contact)

--

28 Relationship to person named in Q1 and Q2

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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.

29 Which of these are you?

- |   |   |
|---|---|
| <input type="checkbox"/> Aboriginal Health Practitioner   | <input type="checkbox"/> GP                 |
| <input type="checkbox"/> CDE  | <input type="checkbox"/> Nurse practitioner |
| <input type="checkbox"/> Endocrinologist/Diabetologist  | <input type="checkbox"/> Practice nurse     |
| <input type="checkbox"/> Other registered medical practitioner who specialises in diabetes (please specify below) |   |

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30 Diabetes diagnosis

- |  |  |
|--|--|
| <input type="checkbox"/> Type 1 ▶ Go to 36                 | <input type="checkbox"/> Type 2 ▶ Go to 34 |
| <input type="checkbox"/> Gestational (GDM) ▶ Go to 31      |  |
| <input type="checkbox"/> Other (list condition) ▶ Go to 36 |  |

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31 When was GDM diagnosed?

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

32 Baby's expected date of birth

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

33 Has the woman's biological parents, sisters, brothers or children been diagnosed with diabetes?

- |                              |                             |                                      |
|------------------------------|-----------------------------|--------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Do not know |
|------------------------------|-----------------------------|--------------------------------------|

34 How is the diabetes managed?

- |                               |                                   |                                  |
|-------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Diet | <input type="checkbox"/> Exercise | <input type="checkbox"/> Tablets |
|-------------------------------|-----------------------------------|----------------------------------|

35 Is the use of Victoza® required?

- |  |  |
|--|--|
| <input type="checkbox"/> Yes ▶ Fill in details | <input type="checkbox"/> No ▶ Go to 36 |
|--|--|

Date of first use:

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

36 Is insulin required?

- |  |  |
|--|--|
| <input type="checkbox"/> Yes ▶ Fill in details | <input type="checkbox"/> No ▶ Go to 37 |
|--|--|

☐ Injection

☐ Insulin pump

Date of first use:

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

You will also need to fill out an Insulin Pump Consumable Access Form

37 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

38 By signing here, I am certifying that, for the person named in Q1 and Q2, I have either:

- ☐ performed the diagnosis of diabetes,

OR

- ☐ sighted the documentation relating to the diagnosis of diabetes as an Aboriginal Health Practitioner, CDE or practice nurse.

And confirm:

- That the person named in Q1 and Q2 requires NDSS products and/or services for the management their diabetes; and
- The person(s) named in Q1 and Q2 (and Q22 & Q23 if listed) agree to the collection, use and disclosure of their information for the purposes set out in this form; and
- Where a carer is providing personal information about the person named in Q1 and Q2, they will advise the person of the privacy information contained in this form; and
- The information provided on this form is true and complete; and
- I understand giving false and misleading information is a serious offence.

Signature

Day

Month

Year



## Who should fill out this form

You can register with the NDSS if you:

- live in Australia, and
- have a current Medicare card, Veteran gold or white card, 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 diabetes, type 2 diabetes or gestational diabetes, or
- have been diagnosed with diabetes caused by a genetic defect, pancreatic disease, hormonal abnormality or exposure to certain drugs or chemicals.

The Carer or Guardian section of this form will need to be completed if the person with diabetes is:

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

The form must be certified by an authorised health professional such as your doctor, endocrinologist, obstetrician, credentialled nurse educator, nurse practitioner or practice nurse.

### Lodging this form

**Must be certified by your authorised health professional.**

**Email:** [info@ndss.com.au](mailto:info@ndss.com.au)

**Fax:** 1300 536 953

**Post:** GPO Box 9824 in your capital city

**NDSS Access Point:** Ask your pharmacy if they can submit this form for you

## NDSS Agents

All NDSS Agents are state and territory organisations that are not-for-profit, member-based registered charities.

Diabetes Australia appoints these organisations to be NDSS Agents and provide NDSS support services within their state or territory. Your state or territory organisation can introduce you to the diabetes community, services and programs near you.

## 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, visit [ndss.com.au](https://ndss.com.au) or call **1800 637 700**.

## Frequently asked questions

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

Registration with the NDSS provides information and support services, as well as diabetes-related products at subsidised prices, to people with diabetes. Registration is free and open to all eligible people diagnosed with diabetes.

### What does the NDSS offer?

- access to a range of subsidised diabetes products to help you manage your diabetes. Access to products will vary depending on your needs,
- the NDSS Helpline on **1800 637 700**, which provides information about diabetes and the NDSS,
- education and support provided by diabetes educators, dietitians and other health professionals,
- programs and activities for you and your carer.

### What types of diabetes products are available through the NDSS?

You can access a range of subsidised products through the NDSS including:

- blood glucose monitoring strips
- urine monitoring strips
- insulin pump consumables (if you have type 1 diabetes and meet the eligibility criteria)
- subsidised continuous and flash glucose monitoring products (if you have type 1 diabetes, or conditions similar to type 1 diabetes, and meet the eligibility criteria)
- fully subsidised insulin syringes and pen needles (if you need insulin or approved non-insulin injectable medications).

For more information visit [ndss.com.au](https://ndss.com.au) or call the NDSS Helpline on **1800 637 700**.

### What if my details change?

Complete the NDSS Personal Details Update Form at [ndss.com.au](https://ndss.com.au) or ask for one at any NDSS Access Point. Lodge this form with any supporting documentation required.

### 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 so 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 authorised health professional to submit a Syringe or Pen Needle Access Form for you available at [ndss.com.au](https://ndss.com.au).