

Person with diabetes

Start with your details as we would have them in our system.

1 Title Given name(s)

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2 Family name

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3 Sex

Male
 Female
 Intersex

4 Date of birth

Day	/	Month	/	Year
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5 Medicare card (preferred) or DVA file number

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6 NDSS card number

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Details to be updated

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

No
 Yes, Australian Aboriginal
 Yes, Torres Strait Islander

8 Do you hold a valid concession card ?

Yes ▶ Fill in details
 No ▶ Go to 9

Type of Concession

Health Care Card
 Pensioner Concession Card
 Veteran Gold Card
 Veteran White Card
(with diabetes as an accepted condition)

Concession Card Number

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Expiry

Day	/	Month	/	Year
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9 Email (preferred method of contact)

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10 Title/Given name(s)

--	--

11 Family name

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12 Sex

Male
 Female
 Intersex

13 Daytime phone number (mobile preferred)


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14 Address

Suburb	State	Postcode

15 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 your 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
					

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

Start with your details as we would have them in our system.

16 Title Given name(s)

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17 Family name

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18 Date of birth

Day	/	Month	/	Year
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19 Relationship to person named in Q1 and Q2

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Details to be updated

20 Title/Given name(s)

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21 Family name

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22 Daytime phone number (mobile preferred)

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23 Email (preferred method of contact)


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24 Address

Suburb	State	Postcode

25 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 both 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 your 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 in this form; and
- I understand giving false or misleading information is a serious offence.

Signature	Day	/	Month	/	Year
					

Note: to process name changes, you must include a copy of one of the following documents when you lodge this form:

- an amended (full) birth or citizenship certificate,
- a certificate of marriage or Registered Relationship,
- a decree of divorce or revocation of Registered Relationship,
- a Deed Poll, or
- a statutory declaration

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.

Lodging this form

Please include supporting documentation when lodging form.

Email: info@ndss.com.au

If you are unable to email this form, please

Fax: **1300 536 953**

Post: GPO Box 9824 in your capital city

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