

Syringe or Pen Needle Access Form

For approved diabetes injectable medications

PLEASE COMPLETE BOTH SIDES OF THIS FORM

This form allows a person who is already registered with the NDSS to access syringes or pen needles to use an approved injectable diabetes medication through the Scheme. *“Injectable diabetes medication”* means insulin, or an approved non-insulin injectable medication (Victoza®).

Person with diabetes

1 Title Given name(s)

<input type="text"/>	<input type="text"/>
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2 Family name

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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5 NDSS card number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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6 Are you an Aboriginal or Torres Strait Islander Australian? (tick all boxes that apply)

- No Yes, Australian 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
(with diabetes as an accepted condition)

Concession Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry

Day	/	Month	/	Year
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8 Daytime phone number (mobile preferred)

9 Email (preferred method of contact)

10 Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
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

11 Title Given name(s)

<input type="text"/>	<input type="text"/>
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12 Family name

13 Email (preferred method of contact)

14 Daytime phone number (mobile preferred)

15 Date of birth

Day	/	Month	/	Year
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16 Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
Suburb State Postcode

17 Relationship to person named in Q1 and Q2

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.

18 Which of these are you?

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

19 Approved injectable diabetes medication required

- Insulin Victoza®

20 Date of first use

Day	/	Month	/	Year
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21 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		

22 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 syringes or pen needles as indicated by my answers to Q19-20; 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 person named in Q1 and Q2 has agreed to the collection, use and disclosure of their information for the purposes set out in this form and the NDSS Registration 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
	/	/	

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

Must be certified by your authorised health professional, or lodged with a copy of your prescription.

In person: NDSS Access Point

Email: info@ndss.com.au

Fax: 1300 536 953

Post: GPO Box 9824 in your capital city

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