

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)

2 Family name

3 Date of birth

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

5 NDSS card number

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

Expiry

8 Daytime phone number (mobile preferred)

9 Email (preferred method of contact)

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.

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)

13 Family name

14 Email (preferred method of contact)

15 Daytime phone number (mobile preferred)

16 Date of birth

17 Address

18 Relationship to person named in Q1 and Q2

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 Q2 and I have provided on this form is true and complete; and
- both the person named in Q1 and Q2 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.

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?

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

21 Approved injectable diabetes medication required

- ☐ Insulin
- ☐ Victoza®

22 Date of first use

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

23 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		

24 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 Q21 and Q22.

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

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.nrsccall.gov.au