

Insulin Pump Consumable Access Form

PLEASE COMPLETE BOTH SIDES OF THIS FORM

This form allows a person who is already registered with the NDSS to apply for access to insulin pump consumables 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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

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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

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)

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12 Family name

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13 Email (preferred method of contact)

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14 Daytime phone number (mobile preferred)

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15 Date of birth

Day	/	Month	/	Year
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16 Address

Suburb	State	Postcode

17 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.

This form cannot be certified by a general practitioner (GP) or practice nurse.

18 Which of these are you?

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

19 Person with diabetes' diagnosis

- Type 1 ▶ **Go to 20**
- Gestational
- Type 2
- Other

Not eligible for subsidised insulin pump consumables access

20 Has the person named in Q1 and Q2 (or their carer or guardian) completed a comprehensive diabetes education program provided by a diabetes team consisting of at least a CDE, and either an endocrinologist or another authorised health professional?

- Yes ▶ **Go to 21**
- No ▶ **Go to 22**

21 Has the person named in Q1 and Q2 (or their carer or guardian) demonstrated competence in insulin pump function and operation, including insulin adjustment?

- Yes ▶ **Go to 23**
- No ▶ **Go to 22**

22 Do not continue with this form. The person is not eligible for insulin pump consumables under the Scheme.

23 When did or will insulin pump therapy start?

 / /

24 Which insulin pump is being used or will be used?

Brand:
Model:

25 Certifier details

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

26 By signing here, I am certifying that:

- I have assessed the person named in Q1 and Q2; and
- They have a clinical need for insulin pump therapy, as indicated by my answers to Q19 through Q24; 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.

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