

NDSS Registration Form

About this form

This form lets you register for 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, which delivers education and information services to support people with diabetes. It also provides access to 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 Commonwealth laws including the Privacy Act (1988).

What information do we collect?

We collect your personal information to register you with the NDSS and to administer the NDSS.

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.

Examples of personal information that we collect, or use includes:

- your name;
- contact details and address;
- date of birth; and
- details of your parent or carer.

Examples of sensitive information we may collect includes:

- your diabetes type,
- details of the medication and NDSS products you require to manage your diabetes,
- main language spoken at home, or
- if you are of Aboriginal or Torres Strait Islander origin.

You have a choice whether or not to provide information to us. If you choose not to provide us with the information we need, we may not be able to register you for the NDSS.

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 then enter the number **1800 637 700**.

How do we use your information?

The information you give in this form will be used by Diabetes Australia, the Commonwealth and other organisations that deliver the NDSS and related services.

We use or disclose your personal information to administer the NDSS.

Your information may be used or disclosed to the following:

- the Commonwealth, as represented by the Department of Health, who fund the NDSS, for administrative or reporting purposes,
- the Australian Institute of Health and Welfare for statistical analysis and research,
- other third parties for the purposes of administering the NDSS, including organisations that deliver services on our behalf, (such as mailing houses).
- to communicate with you about:
 - research into diabetes and related health conditions, and
 - your local state or territory diabetes organisation and its activities or services.

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** or request a copy by calling the NDSS Helpline on **1800 637 700**.

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)

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2 Family name

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

Yes ▶ fill in details and go to 8

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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

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Country of issue

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Visa expiry

Day	Month	Year
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8 Email (preferred method of contact)

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9 Previous Name (optional)

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10 Sex

Male Female Intersex

11 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.

12 Do you hold a valid concession card?

Yes ▶ Fill in details No ▶ Go to 13

Type of Concession

Health Care Card Pensioner Concession Card
 Veteran Gold Card Veteran White Card

Concession Card Number

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Expiry

Day	Month	Year
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13 Daytime phone number (mobile preferred)

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14 Alternative phone number

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15 Address

Suburb	State	Postcode

16 In which country were you born?

Australia Other (please list)

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

No Yes, Aboriginal Yes, Torres Strait Islander

18 Which language do you most often speak at home?

English Other (please list)

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

Day	Month	Year
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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

22 By signing here, I am confirming that:

- I require NDSS products and/or services for the management of my diabetes; and
- 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
- 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.

23 Title Given name(s)

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24 Family name

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25 Date of birth

Day	Month	Year
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26 Address

Suburb	State	Postcode

27 Daytime phone number (mobile preferred)

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28 Email (preferred method of contact)

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29 Relationship to person named in Q1 and Q2

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30 By signing here, I am confirming that:

- I am a primary carer or guardian for the person named in Q1 and Q2; and
- the person named in Q1 and Q2 requires NDSS products and/or services for the management of their diabetes; 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 the provided information for the purposes set out in this 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.

Signature	Day	Month	Year
	/	/	/

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.

31 Which of these are you?

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

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32 Diabetes diagnosis

- Type 1 ▶ Go to 39 Type 2 ▶ Go to 37
 Gestational (GDM) ▶ Go to 33
 Other (list condition) ▶ Go to 39

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33 When was GDM diagnosed?

Day	Month	Year
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34 Baby's expected date of birth

Day	Month	Year
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35 Has the woman's biological parents, sisters, brothers or children been diagnosed with diabetes?

- Yes No Do not know

36 Details of woman's regular GP

When registering for the National Gestational Diabetes Register, both the registrant and their GP will receive regular reminders to check for diabetes.

Name of GP practice		
GP name		
Email		
Address line 1		
Address line 2		
Suburb	State	Postcode
Phone		

37 How is the diabetes managed?

- Diet Exercise Tablets

38 Is an approved non-insulin injectable required?

- Yes ▶ Fill in details No ▶ Go to 39

- Victoza® Byetta® ▶ Date of first use:
Day / Month / Year

39 Is insulin required?

- Yes ▶ Fill in details No ▶ Go to 40

- Injection Insulin pump ▶ Date of first use:
Day / Month / Year

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

40 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		

41 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 a CDE or practice nurse.

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

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 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 people with diabetes and their carers.

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 or gestational diabetes and meet the eligibility criteria)
- fully 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 or call the NDSS Helpline on **1800 637 700**.

Why do I need to tell you personal information, like where I live or who my GP is?

We ask for your personal details so that we can give you the right support. The more we understand about you, the more relevant we can make the services we deliver. We need your postal address so we can send you important information.

When you register for the National Gestational Diabetes Register, both you and your GP will receive regular reminders to check for diabetes.

What if my details change?

Complete the NDSS Personal Details Update Form at 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.