

## NADC General Care Course Application

Please print the following information - \*fields must be completed

28/06/2016

National Association of Diabetes Centre

\*Name of Service:

e.g. Diabetes Education Centre

\*Location of Service:

e.g. Westmead Hospital

\*Postal Address:

State:

Postcode:

\*Contact Numbers  
(General):

Phone:

Fax:

e.g. Diabetes Centre Reception

\*Email ID (General):

\*Current CDE/Manager:

Email ID:

(if different to above)

\*Contact Numbers:

Phone:

Fax:

Medical Practitioner/  
Diabetologist:

Email ID:

\*Contact Numbers:

Phone:

Fax:

\*Membership Type: NADC 2014 Member – (Nil cost for course)

☐

NON NADC Diabetes Care Centre Member –Fee \$485 inc. Gst  
(an invoice will be sent for the amount)

☐

I certify that we will abide by the copyright and distribution requirements outlined in the General Care Course information package

Signed

Position :

## TRAINING INFORMATION

Have you used the earlier version of this training package in the past?

☐ Yes

☐ No

Will you be charging people to attend your training using this package?

☐ Yes

☐ No

Please describe how you plan to use this training package:

Please estimate the number of Health Professionals you will train in the next 12 months :

**Feedback:**

The NADC request that you provide feedback relating to the course content and require you to complete the feedback forms emailed to you and also available on the NADC website at [www.nadc.net.au](http://www.nadc.net.au)

Email this completed form to:  
**[admin@nadc.net.au](mailto:admin@nadc.net.au)**