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| --- | --- | --- |
|  | **NEW NETWORK MEMBERSHIP MEMBER APPLICATION**All fields must be completed(No Handwritten Application will be accepted) |  |
|  |  |  |  |
| Date of Application | Click here to enter a date. |  |
|  |  |
| Name of PHN\*/PCPe.g. Western NSW PHN |       |
|  |  |
| Location of PHN/PCPe.g. Dubbo |       |
|  |  |
|  |  | State: |       | Postcode: |  |
|  |  |  |  |  |  |
|  | Postal address (if different) |       |
|  |  |  |
|  |  | State: |       | Postcode: |  |
|  |  |  |  |  |  |
|  | Contact Numbers (for general Public) e.g. PHN / PCP Reception  |       |
|  |  |  |  |  |  |
|  | Website Address: |       |
|  |  |  |  |  |  |
|  | Email Address (General): |       |
|  |  |  |  |  |  |  |
|  | Current CEO / Manager |       |  |
|  |  |  |  |  |  |
|  | Email Address: |       |
|  |  |  |  |  |  |  |
|  | Contact Numbers: Office: |       | Mobile: |       |  |
|  |  |  |  |  |  |  |
|  | Membership Type Applied For: |  |
|  | * NADC Centre of Excellence Membership – Amount Fee $260 inc. gst
 | **[ ]**  |  |  |
|  |  |  |  |  |
|  | * NADC TertiaryCare Diabetes Service Membership – Annual Fee $190 inc. gst
 | **[ ]**  |  |  |
|  |  |  |  |  |
|  | * NADC Secondary Care Diabetes Service Membership – Annual Fee $165 inc. gst
 | **[ ]**  |  |  |
|  |  |  |  |  |
|  | * NADC Primary Care Diabetes Service Membership – Annual Fee $ 65 inc. gst
 | **[ ]**  |  |  |
|  |  |  |  |  |
|  | * NADC Pharmacy Diabetes Service Membership – Annual Fee $190 inc.gst
 | **[ ]**  |  |  |
|  |  |  |  |  |
|  | * NADC Network Membership – Free
 | **[ ]**  |  |  |
|  |  |  |
|  | I certify that the applying service has met the criteria for the level of membership sought. |  |
|  |  Name |  | Position |  |  |
|  |  |  |  |  |  |  |

\* PHN = Primary Health Network; PCP = Primary Care Partnership

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|  | Are there any current project(s) / initiatives occurring within your service in regards to diabetes and / or NADC membership? If yes, please provide information about what your service is doing  | **[ ]**  |  Yes | **[ ]**  |  No |  |  |  |
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|  | Would your service be willing to share the outcomes of the project(s) / initiatives and any associated policies / procedures / models of care with the NADC?  | **[ ]**  |  Yes | **[ ]**  |  No | **[ ]**  |  Maybe |  |
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|  | Are you currently involved in a network with any other servicesto improve support to people with or at risk of diabetes?  | **[ ]**  |  Yes | **[ ]**  |  No |  |
|  |  |  |  |  |  |
|  | If yes, who do you network with?  |  |
|  | **[ ]**  | Primary Care | **[ ]**  | Community Health Service |  |
|  |  |  |  |  |  |  |  |
|  | **[ ]**  | Secondary Care | **[ ]**  | Rural Health Service  |  |
|  |  |  |  |  |  |  |  |
|  | **[ ]**  | Tertiary Care | Other (please specify) |  |
|  |  |  |  |
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|  | If your service does currently network with other services in relation to diabetes,how do you do this? What support / networking do you provide?  |  |
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|  | Is your service interested in supporting NADC membership amongst health organisations in your catchment? | **[ ]**  |  Yes | **[ ]**  |  No | **[ ]**  |  Maybe |  |
|  |  |  |
|  |  |  |
|  | Would you like more information and resources to support NADC membership amongst health organisations in your catchment?  | **[ ]**  |  Yes | **[ ]**  |  No | **[ ]**  |  Maybe |  |
|  |  |  |

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|  | Please outline any initiatives / projects you think the NADC should be involved in?  |  |
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|  | How can the NADC make your membership more valuable for PHNs/PCPs?  |  |
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|  | *The NADC office abides by the National Privacy Principles. When contacted by third parties to distribute commercial information of benefit to members, mail outs are performed by NADC staff.* |  |
| **Email completed applications to:** **admin@nadc.net.au** |

145 Macquarie Street, Sydney NSW 2000

T 02 9256 5462 F 02 9252 3668 E admin@nadc.net.au

www.nadc.net.au

ABN. 13 053 787 965 NADC is managed solely under the auspices of ADS

*Promoting excellence in diabetes care*