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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **NEW NETWORK MEMBERSHIP MEMBER APPLICATION**  All fields must be completed  (No Handwritten Application will be accepted) | | | | | | | | | | | | | | | | | | |  |
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| Date of Application | | Click here to enter a date. | | | | | | | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | | | | | | |
| Name of PHN\*/PCP  e.g. Western NSW PHN | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | |
| Location of PHN/PCP  e.g. Dubbo | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | |
|  |  | | State: | |  | | | | | | | | Postcode: | | | | | |  |
|  |  | | |  | |  | | | | | | |  | | |  | | | |
|  | Postal address  (if different) | |  | | | | | | | | | | | | | | | | |
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|  |  | | 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 | | | | | | | | | | | | | | | | |  |  |  |
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|  | 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**](mailto:admin@nadc.net.au) | | | | | | | | | | | |

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www.nadc.net.au

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

*Promoting excellence in diabetes care*