|  |  |  |
| --- | --- | --- |
|  | **NEW TERTIARY, SECONDARY & PRIMARY CARE** **DIABETES SERVICE MEMBER APPLICATION**All fields must be completed(No Handwritten Application will be accepted) |  |
|  |  |  |  |
| **Date of Application** | Click here to enter a date. |  |
|  |  |
| **Name of Service**e.g. Diabetes Education Centre |  |
|  |  |
| **Location of Service**e.g. Westmead Hospital |  |
|  |  |
|  |  | **State:** |  | **Postcode:** |  |
|  |  |  |  |  |  |
|  | **Postal address** (if different) |  |
|  |  |  |
|  |  | **State:** |  | **Postcode:** |  |
|  |  |  |  |  |  |
|  | **Contact Numbers (for general Public)** e.g. Diabetes Centre Reception |  |
|  |  |  |  |  |  |
|  | **Website Address:** |  |
|  |  |  |  |  |  |
|  | **Email Address (General):** |  |
|  |  |  |  |  |  |  |
|  | **Current CDE / Manager:** |  |  |
|  |  |  |  |  |  |
|  | **Email Address:** |  |
|  |  |  |  |  |  |  |
|  | **Contact Numbers: Office:** |  | **Mobile:** |  |  |
|  |  |  |  |  |  |  |
|  | **Medical Practitioner/Diabetologist:** |  |
|  |  |  |  |  |  |
|  | **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 |  |  |
|  |  |  |  |  |  |  |
|  | **How would you best describe your service?** | **How many sites are affiliated with your diabetes service / centre?**  |  |
|  |  | **[ ]**  | Tertiary Level Service | **[ ]**  | Secondary Service |  | **[ ]**  | 1 |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | **[ ]**  | Small Hospital | **[ ]**  | Community Health Service |  | **[ ]**  | 2 |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | **[ ]**  | General Practice | **[ ]**  | Private Practice |  | **[ ]**  | 3 |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **[ ]**  | 4 |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Other (Please Specify) |  |  |  | **[ ]**  | 5+ |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | INFORMATION SCHEDULE |  |
|  | **Please tick Service Providers directly involved in your Service:** |  |
|  |  | **[ ]**  | Diabetologist | **[ ]**  | Exercise physiologists | **[ ]**  | Social Worker  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **[ ]**  | Endocrinologist | **[ ]**  | Ophthalmologist/Optometrist | **[ ]**  | Counsellor |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **[ ]**  | Physician | **[ ]**  | Cardiologist | **[ ]**  | Practice Nurse |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **[ ]**  | General Practitioner | **[ ]**  | Nephrologist | **[ ]**  | Diabetes Educator(non-credentialed) |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **[ ]**  | Credentialled Diabetes Educator | **[ ]**  | Emergency Services | **[ ]**  | A self-management education program |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **[ ]**  | Accredited Dietitian | **[ ]**  | Vascular Surgeon | Other (Specify) |  |
|  |  |  |  |  |  |  |  |
|  |  | **[ ]**  | Podiatrist | **[ ]**  | Physiotherapist |  |
|  |  |  |  |  |  |  |
|  |  | **[ ]**  | Psychologist | **[ ]**  | Diabetes Nurse Practitioner |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |
|  | **Number (EFT) of Health professionals employed:** |  |  |  |
|  |  |  |  |  |
|  | **Number of patients seen in last 12 months: (estimate)**  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Do you have criteria for referral acceptance?**  | **[ ]**  | Yes  | [ ]  | No  |  |
|  |  |  |  |  |  |  |
|  | If yes can you please outline the criteria and attach a copy to your email application |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **What types of patients do you see in your diabetes centre/service?**  |  |
|  | **[ ]**  | Type 1 | **[ ]**  | Paediatrics |  |
|  |  |  |  |  |  |
|  | **[ ]**  | Type 2 | **[ ]**  | Adults |  |
|  |  |  |  |  |  |
|  | **[ ]**  | GDM | **[ ]**  | Adolescents |  |
|  |  |  |  |  |  |
|  | **[ ]**  | ‘Other’ Diabetes | Other (please specify) |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Patients types | Type 2 diabetes:  |  | **%** |  | Gestational diabetes: |  | **%** |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | Type 1 diabetes: |  | **%** |  | Non-English speaking background: |  | **%** |  |
|  |  |  |  |  |  |  |  |  |
|  | Are these figures | Estimate | **[ ]**  |  |  |  |
|  |  |  |  |  |  |  |
|  |  | Based on data | **[ ]**  |  |  |  |
|  |  |  |  |  |  |

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|  | **What types of services / appointments / education do you provide at your diabetes service / centre?**  |  |
|  | **[ ]**  | Type 1 | **[ ]**  | Insulin Pump Support | **[ ]**  | Outpatient Clinic | **[ ]**  | Multidisciplinary High Risk Foot Clinic |  |
|  |  |  |  |  |  |  |  |  |
|  | **[ ]**  | Type 2 | **[ ]**  | Podiatry Service | **[ ]**  | Inpatient Support |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **[ ]**  | Gestational Diabetes | **[ ]**  | Eye Clinic | **[ ]**  | Tele-health |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **[ ]**  | Insulin Pump Initiation | **[ ]**  | Adolescent Clinic | **[ ]**  | Group Education |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Other (please specify)  |  |  |
|  |  |  |  |
|  | Can you please provide details on each of these services? For example if you run group education is this for certain patients only? Do you provide basic level education or do you offer multi-disciplinary clinics / support services?  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |
|  |  |  |  |
|  |  |  |
|  | Are you currently involved in a diabetes network with any other services to 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) |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |
|  | If your diabetes service / centre does currently network with other diabetes services, how do you do this? What support / networking do you provide?  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |
|  |  |  |  |
|  |  |  |
|  | Would your service be interested in supporting primary or secondary care diabetes services / centres?  | [ ]  |  Yes | **[ ]**  |  No | **[ ]**  |  Maybe |  |
|  |  |  |
|  | Would your service be interested in establishing support with a tertiary care diabetes service  | [ ]  |  Yes | **[ ]**  |  No | **[ ]**  |  Maybe |  |
|  |  |  |
|  |  |  |
|  | Are there any current project(s) / research initiatives occurring within your diabetes service / centre | [ ]  |  Yes | **[ ]**  |  No |  |  |  |
|  |  |  |
|  | If yes, please provide a list of what your diabetes service/centre is doing |  |
|  |  |  |
|  |  |  |  |
|  |  |  |
|  | Would your diabetes service / centre be willing to share the outcomes of the project / research and any associated policies / procedures / models of care with the NADC? | **[ ]**  |  Yes | **[ ]**  |  No | **[ ]**  |  Maybe |  |
|  |  |  |

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| --- | --- | --- |
|  |  |  |
|  | Does your diabetes service / centre utilise a patient database system Yes – but we need an improved diabetes specific database  No – but we need a patient database system  | [ ]  |  Yes | **[ ]**  |  No |  |  |  |
|  |  |  |
|  |  |  |
|  | Has your diabetes service / centre participated in ANDA (Australian National Diabetes Audit)?  | [ ]  |  Yes | **[ ]**  |  No |  Years Participated |  |  |
|  |  |  | [ ]  | 2017 |  |
|  |  |  |  |  |  |
|  |  |  | [ ]  |  2016 |  |
|  |  |  |  |  |  |
|  | If yes, did your diabetes service/ centre use the ANDA results to improve service, funding or action other changes? | [ ]  | Yes  | [ ]  |  No  |  | [ ]  |  2015 |  |
|  |  |  |  |  |  |
|  |  |  | [ ]  |  2014 |  |
|  |  |  |  |  |  |
|  |  |  | [ ]  |  Prior to 2013 |  |
|  | If yes, please list what was done  |  |
|  |  |  |
|  |  |  |  |
|  |  |  |
|  | Please outline any initiatives / projects you think the NADC should be involved in?  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |
|  |  |  |  |
|  |  |  |
|  | How can the NADC make your diabetes service / centre membership more valuable?  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |
|  |  |  |  |
|  |  |  |  |  |  |  |
|  | *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** |



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

*Promoting excellence in diabetes care*