

This form is for high-risk foot services that are interested in participating in the NADC Collaborative Interdisciplinary Diabetes High-Risk Foot Service (HRFS) National Accreditation program.

Name of HRFS

Address of HRFS

Applicant Contact Details

Name:

Email address:

Phone:

1. Within your HRFS do you have the following staff?

- A senior consulting physician
- A senior podiatrist
- A credentialed diabetes nurse educator
- Do you have approval from both Director of Allied Health and Director of Endocrinology/ Vascular Surgery to undergo this Accreditation Process?
(Signature of one of the Directors required below)

Name: _____ Position: _____

Signature: _____ Date: _____

2. How frequently does your service run an interdisciplinary HRFS clinic, whereby the above health professionals have dedicated time allocated to the session?

- Once a month
- Once a fortnight
- Once a week
- Other (please specify) _____

OTHER

3. How many years has your HRFS been established for? _____ years

(It is suggested that a HRFS applying for NADC Accreditation should be established for a minimum of at least 1 year if applying for Core Standard Accreditation and established for at least 2 years (Recommended guide of being established for 5 yrs Centre Of Excellence Service.)

4. Are you applying for:

- Core Standards Accreditation - Application Fee: \$95
- Centre of Excellence - Application Fee: \$185
(application fee due a minimum of 2 weeks prior to commencement of the accreditation round)

5. Please indication which Accreditation Round your service would like to participate in:

- Round 1 – 28th February 2022
- Round 2 – 9th May 2022
- Round 3 – 31st August 2022

Briefly explain why your HRFS would like to be an accredited interdisciplinary diabetes HRFS:

Empty box for text response.

Completed Expression of Interests forms are to be submitted via email to: admin@nadc.net.au

