##### **ANDA 2022 Registration Form**

##### **Australian National Diabetes Audit *A Quality Initiative of the National Association of Diabetes Centres***

##### **Site name:**

##### Past participation: YES NO Site number:     (if known)

#### Centre care setting (select one):

#### Primary Health Care Secondary Health Care

#### Tertiary Health Care Centre of Excellence

#### Centre type (select one):

#### Metropolitan Regional Rural Remote

##### **Site contact name:**

##### Position:

Phone:       Email:

**Alternative site contact name:**

##### Position:

Phone:       Email:

**YES - we wish to participate in ANDA 2022**

If **YES**, your preferred method of data collection (select one):

Web-based data collection form (REDCap)

Paper-based data collection form

Extract data from in-house database

**NO - we DO NOT wish to participate in ANDA 2022**

*Please send completed Registration Form to:*  
ANDA Secretariat

Email: anda@nadc.net.au

Tel: (03) 9903-0566

Fax: (03) 9903-0069

****If you have any enquiries please do not hesitate to contact the ANDA Secretariat.