##### **ADCQR Registration Form**

##### **Australian Diabetes Clinical Quality Registry**

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

##### Address:

##### Suburb: State: Postcode:

##### Past participation in Australian National Diabetes Audit (ANDA): YES NO

##### Site ID (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 the ADCQR**

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 the ADCQR**

*Please send completed registration form to:*  
ADCQR Coordinating Centre

Email: adcqr@monash.edu

Tel: (03) 9903-0566

Fax: (03) 9903-0069

****If you have any enquiries please do not hesitate to contact the ADCQR Coordinating Centre.